

ACCIDENT/INJURY REPORT FORM

1. Site where accident took place.

.....

2. Name of person in charge (see notes over page).

.....

3. Name of injured person.

.....

.....

4. Date and time of incident/accident.

.....

5. Type of incident/accident (see notes over page)

.....

6. Give details of how accident took place. Describe what activity was taking place e.g. training, match, programme, (see notes over page)

.....

.....

.....

7. Give full details of actions taken including any first aid treatment and by whom

.....

.....

.....

.....

.....

8. Were any of the following contacted.

Ambulance. Yes/No

Parent/Guardian. Yes/No

Police. Yes/No

9 What happened to the injured person following the accident?

.....

.....

.....

.....

10 Witnesses to incident/accident

.....

.....

.....

11. Please return to Raiders Admin (admin@berkhamstedraiders.com), copy to Club Welfare Officers (Welfare@berkhamstedraiders.com)

Signed Date

Notes:

2. Normally coach for training session or team manager at a match
5. Very brief description eg: Broken leg, Twisted ankle,
6. Include any disciplinary action taken by a referee eg: red card, yellow card