**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? ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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10 Witnesses to incident/accident …………………………………………………………………………………………………

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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