



INCIDENT/ACCIDENT REPORT FORM

Please complete this form for all incidents/accidents

Name of person in charge of session/competition

Site where incident/accident took place

Date of incident/accident

Name of injured person

Address of injured person

Nature of incident/injury and extent of injury

Give details of how and precisely where the incident occurred.

Describe what activity was taking place, e.g. training/game/getting changed.



Give full details of action taken during any first aid treatment and the name(s) of first aider(s).

Were any of the following contacted?

- | | | | |
|-------------------------------------|--------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> | Parent(s)/carer(s) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Police | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Ambulance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**What happened to the injured person following the incident/accident?
e.g. carried on with session, went home, went to hospital**

All the above facts are a true record of the accident/incident

Signed _____ Name _____ Date _____

Incident/Accident investigated by RLTSC

Signed _____ Name _____ Date _____

Action Taken