

ACCIDENT REPORT FORM

Name and position of person in charge of session/competition

Name & location where accident took place

Date and time of accident

Full Name of injured person

Date of Birth (U18)/....../.....

Address of injured person

Parents' / Carers' Name & Address

Nature of accident/injury and extent of injury

ACCIDENT REPORT FORM cont'd

Give details of how and precisely where the accident took place.
Describe what activity was taking place, for example training/game/getting changed

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

Were any of the following informed? (Circle)

- | | | |
|-------------------|-----|----|
| • Parents / Carer | YES | NO |
| • Police | YES | NO |
| • Ambulance | YES | NO |

What happened to the injured person following the accident?
E.g. carried on with the session, went home, went to hospital, etc.

ACCIDENT REPORT FORM cont'd

All of the above facts are a true record of the accident.

Signed Position

Date

Name of First Aider

Name Signature
(Witness to verify information above is correct)

N.B.

This form is to be given to the RLHC Junior Coordinator who will keep it in the RLHC Accident Report File.