The Victory Ground, Nowton Road, Bury St Edmunds, Suffolk, IP33 2BT

Accident / Incident Report Form

Name of Person in charge of the session / competition / match:

Site / venue where the incident / accident took place (include postcode if possible):

Date and time of the incident / accident:

Name of the injured person:

Address of the injured person:

Nature of the incident / accident and extent of the injury:

Give details of how and precisely where the incident / accident took place. Describe what activity was taking place e.g. training, match, getting changed etc

Give details of the action taken including any First Aid treatment and the name(s) of the first aider(s):

Were any of the following people contacted?

Police:	Yes	No
Ambulance:	Yes	No
Parent/Carer:	Yes	No

What happened to the injured person following the incident / accident? Such as went home, went to hospital, carried on with session etc…

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

Signed:	Print Name:
Date:	Copy to:

In the event of an incident / accident occurring through insufficient training or faulty equipment / facilities, the follow up action taken should include the completion of a Risk Assessment