ACCIDENT REPORT FORM

Football Club
Accident Reporting Form

1. Site where accident took place _____

2. Name of person in charge of session/competition _____

3. Name of injured person _____

4. Address of injured person _____

5. Date and time of accident _____

6. Nature of accident _____

7. Give details of how and precisely where the accident took place.
Describe what activity was taking place, eg. training programme, during match getting changed, etc.
_____

8. Give details of the action taken including any first aid treatment and the name(s) of the first-aider(s).
_____

9. Were any of the following contacted

Police	Yes ☐	No ☐
Ambulance	Yes ☐	No ☐
Parent/Guardian	Yes ☐	No ☐

10. What happened to the injured person after the accident? (eg. went home, went to hospital, carried on with session)
_____

11. All of the above facts are a true and accurate record of the accident.

Signed _____

Name (Print) _____

Date _____

Please return the completed form to iwelfare@playsportfc.co.uk