GREAT YARMOUTH AND DISTRICT ATHLETICS CLUB

INCIDENT/ACCIDENT REPORT FORM

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| Site where incident/accident took place of injured person:  |  |
| Name of person in charge of session/competition: |  |
| Name of injured person:  |  |
| Address: |  |
| Date and time of incident/accident: |  |
| Nature of incident/accident: |  |

A) Give details of how and precisely where the incident/accident took place. Describe what activity was taking place, e.g. training, competition, getting changed, etc. (continue overleaf if necessary)

B) Give full details of the action taken including any first aid treatment and the name(s) of the first aider(s):

C) Were any of the following contacted?

Police: Yes No

Ambulance: Yes No

Coastguard: Yes No

Parent/Carer: Yes No

D) What happened to the injured person following the incident/ accident? (e.g. went home, went to hospital, carried on with session) (continue overleaf if necessary)

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

Signed……………………..….. Name…................……………. Date…………………..

INCIDENT/ACCIDENT REPORT FORM CONTINUED…

Please use this space to provide any additional details: