

NORTHOWRAM JUNIOR FOOTBALL CLUB INCIDENT/ACCIDENT REPORT FORM

1	Site or club name 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 incident/accident	
6	Nature of incident/accident	
7	Give details of how and precisely where the accident took place. Describe what activity was taking place e.g. training programme, getting changed, etc.	
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8	Give full details of the action taken including any first aid treatment and the name (s) of the first aider (s)	
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9	Were any following contacted	
	Police:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Ambulance:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Parent/Guardian:	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	What happened to the injured person following the accident? (e.g. went home, went to hospital, carried on with session)	
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11	All of the above facts are a true and accurate record of the incident/accident	
	Signed: _____ Date: _____	
	Name (print) _____	
	ONCE COMPLETE THIS FORM MUST BE RETURNED TO THE CLUB SECRETARY	