



INCIDENT/ACCIDENT REPORT FORM

HOWDEN TOWN AFC

DATE OF INCIDENT: VENUE:

REPORTED BY:

POSITION/RESPONSIBILITY:

Name of injured person:

Address of injured person:

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1. Details of incident/accident:

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

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3. 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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4. Were any of the following contacted:

Police: Yes No Ambulance: Yes No
Parent/guardian: Yes No

5. What happened to the injured person following the incident/accident? (eg went home, went to hospital, carried on with session)

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6. Give details of any damage caused as a result of, or associated with this incident

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I certify that, all of the above facts are a true and accurate record of the incident/accident.

SIGNED: DATE:

Name:

Position: