



Gerrards Cross (Dukes Wood) LTC

Incident/accident report form

Club name Gerrards Cross (Dukes Wood) LTC

Name of person in charge of session/competition

Site where incident/accident took place

Date of incident/accident

Name of injured person

Address of injured person

Nature of incident/injury and extent of injury






Give details of how and precisely where the incident occurred.

Describe what activity was taking place, e.g. training/game/getting changed.

Give full details of action taken during any first aid treatment and the name(s) of first aider(s).

Were any of the following contacted?

- | | | | |
|---|--------------------|------------------------------|-----------------------------|
|  | Parent(s)/carer(s) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|  | Police | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|  | Ambulance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

What happened to the injured person following the incident/accident?

e.g. carried on with session, went home, went to hospital

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

Signed

Name

Date

In the event of an incident/accident relating to training or faulty equipment/facilities, follow up action should include completion of the relevant risk assessment form.

Completed form should be given to Coach / Session Leader for the attention of Club Chairman or Secretary.