

# Accident Report Form

Name of host club: .....

Name of injured person: ..... DOB: .....

Address of injured person: .....

Date and time of incident/accident: .....

If the injury was sustained in a training session please confirm the name of the Coach:

.....

If the injury was sustained in a match please confirm the name of the referee:

.....

Site where incident/accident took place: .....

Nature of incident/accident: .....

Give details of how and precisely where the incident/accident took place. Describe what activity was taking place, e.g. training session, game etc. ....

.....

.....

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

.....

.....

Were any of the following contacted?

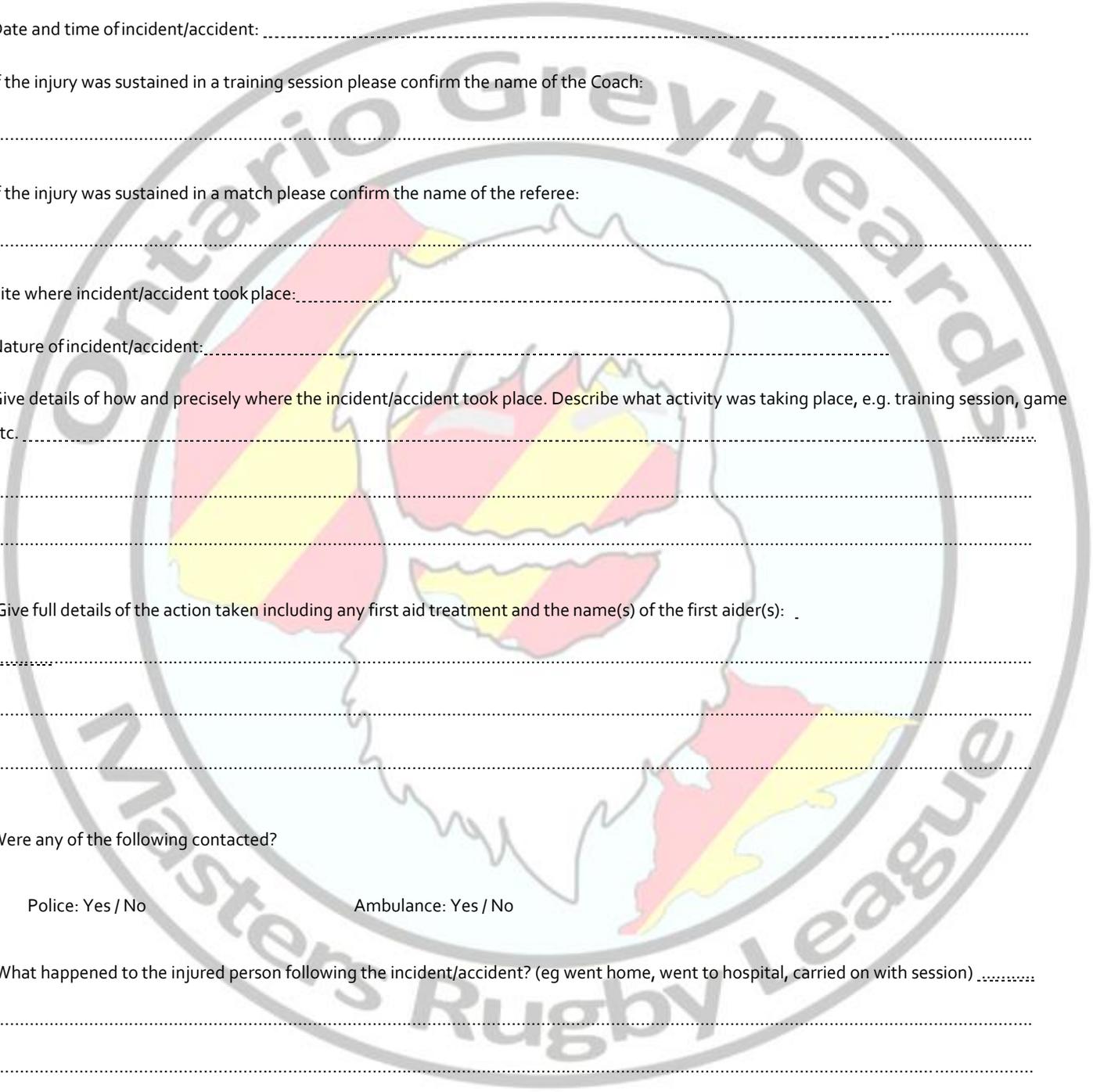
Police: Yes / No

Ambulance: Yes / No

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

.....

.....



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Please provide any other relevant details in the space provided below:



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

Signed: .....

Name: .....

Position: .....

Date: .....

This form should be retained by the Club and submitted to the CRLA