

**EAST CORNWALL**  
**= HARRIERS =**  
**LISKEARD**

**Accident/Incident Reporting Form.**

**Name of person in charge of session.**

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

**Date of accident/incident.**

**Name of injured person.**

**Address of injured person.**

**Nature of incident/injury and extent of injury.**

**Give details of how and precisely where the accident/incident took place.**

Describe what activity was taking place, for example training/games/getting changed etc.

Give as much detail as possible. Continue in additional information box if required.



## Accident/Incident Reporting Form.

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

Give as much detail as possible. Continue in additional information box if required.

**Were any of the following contacted?**

Tick where appropriate.

Parents/Carers

Police

Ambulance

Other - Please state.

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

E.g. Carried on with session, went home, went to hospital etc.

**Additional Information.**

If any additional information or notes required, enter here.

**By signing this document I confirm that the above facts are a true record of the accident/incident.**

**Coach/Session Leader**

Signed:

Date:

Print Name:

**Club Member:**

Signed:

Date:

Print Name: