

UPMINSTER PARK ROVERS JUNIOR FOOTBALL CLUB

Incident/Accident Report

Site where accident took place

Name of person in charge of session/competition

Name of injured person

Address of injured person

Date and time and nature of incident/accident

Give details of how and precisely where the accident took place. Describe what activity was taking place, e.g. training programme, getting changed, etc.

Give details of the action taken including any first aid treatment and the name(s) of the first-aiders.

Were any of the following contacted?

Police Yes • No • Ambulance Yes • No • Parent/Guardian Yes • No

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

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

Signed _____

Name (Print) _____ Date _____

Send this form to the club chairman.