

Buckingham Rugby Union Football Club
Moreton Road, Maids Moreton, Buckingham. Tel: 01280 815474

Accident Report Form

TO BE FILLED IN BY THE COACH/FIRST AIDER IN ATTENDANCE

Name of person in charge of session/competition:

Site where incident/accident took place:

Date of Incident/accident:

Time of incident/accident

Name of injured person:

Address of injured person:

Nature of incident/accident and extent of injury:

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

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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Were any of the following contacted?:

Police: Yes:..... No:.....

Ambulance: Yes:..... No:.....

Parent/carer: Yes:..... No:.....

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

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

SIGNED:.....

DATE:.....

NAME:.....

A Risk assessment form may need to be filled in if insufficient training or faulty equipment resulted in accident.