

INCIDENT/ACCIDENT REPORT FORM

ABINGDON SQUASH AND RACKETBALL CLUB

1. Site where incident/accident took place:

2. Name of person in charge of session/competition:

.....

.....

3. Name of injured person:

4. Address of injured person:

.....

.....

5. Date and time of incident/accident:

6. Nature of incident/accident:

.....

.....

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

.....

.....

Abingdon Squash & Racketball Club

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

.....
.....

9. Were any of the following contacted:

- Police: Yes No
Ambulance: Yes No
Parent/guardian: Yes No

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

.....
.....

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

SIGNED: DATE:

Name: