**ACCIDENT REPORT FORM**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Note.** The contents of the First Aid kit are for players who sustain injury during fixtures. If you have cause to use any items from the first aid kit an accident report form must be filled in. Completed Forms are to be submitted to the Club Secretary at the earliest opportunity after the accident. The Club Chairman and Secretary are to be notified of any player requiring hospital treatment from injuries sustained during fixtures. In the event of an injury to a player under 18 the Club Welfare Officer is also to be notified. | | | | | | | | | |
|  | | | | | | | | | |
| **About the person who had the accident** | | | | | | | | | |
| Full Name | |  | | | | | | | |
| Address | |  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Postcode | |  | | | | Age if under 18 | |  | |
| Activity being undertaken at time of accident | | | | | |  | | | |
|  | | | | | | | | | |
| **About the person reporting the accident** | | | | | | | | | |
| Full Name | |  | | | | | | | |
| Signature | |  | | | | Date | |  | |
|  | | | | | | | | | |
| **About the accident – when and where** | | | | | | | | | |
| Date it took place | | | |  | | Time | |  | |
| Where it took place | | | |  | | | | | |
|  | | | | | | | | | |
| **About the accident – when and where** | | | | | | | | | |
| How did the accident happen ?  What was the cause ? | | | |  | | | | | |
| If there were any injuries – what were they ? | | | |  | | | | | |
|  | | | | | | | | | |
| Signature of Team Captain | | | |  | | | | | |
|  | | | | | | | | | |
| **Committee Use** | | | | | | | | | |
| ARF No. |  | | Date Received | |  | | Received By | |  |