CHEAM FIELDS CLUB

ACCIDENT/INCIDENT REPORTING FORM

This form should be completed for ALL accidents and incidents

Name of person reporting the accident/incident **Contact details**

Area/court no. where incident/accident took place

Date and time of incident/accident

Name of injured person **Junior Yes/No**

Contact details of injured person

Details of what happened, what type of injury occurred and the activity taking place

CHEAM FIELDS CLUB

Give full details of action taken during any first aid treatment and who administered treatment

Were any of the following contacted?

Parent(s)/carer(s) – Y/N

Police – Y/N

Ambulance – Y/N

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

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

Name:

Signed:

Date:

Please scan or photograph completed forms and email to the Club Secretary at: secretary.cheamfields@gmail.com as soon as possible. It is important to do this to ensure it is recorded officially and any necessary further action is taken. This form is also available for completion on the Club website using this link http://www.cheamfieldsclub.co.uk

.