

# SHOREHAM RUGBY FOOTBALL CLUB

## Accident Report Form 2010/11

Name of person in charge of session/match.....

Site where incident/accident took place.....

Name of injured person.....

Team..... Age.....

Date of incident/accident.....

Nature of incident/accident and extent of injury.....

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Give details of how and precisely where the incident/accident took place.

Describe what activity was taking place. eg training, game, getting changed etc.

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

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Were any of the following contacted: Ambulance **YES NO** Parent/Carer **YES NO**

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

Signed.....

Name..... Date.....