



INCIDENT/ACCIDENT REPORT FORM

To be used in conjunction with Serious Accident Scene Management Log if appropriate

1. Date and time of incident/accident
2. Location of where incident took place
3. Name and position of person in charge of session/competition
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3. Name of person investigating
4. Name of injured person D.O.B.
5. Home address of I/P
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6. Nature of incident/accident
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7. Details of how and precisely where the incident/accident took place. Describe what activity the person was engaged in at the time, e.g. training/game/getting changed/ playing with others away from supervised activity etc.
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8. Precise nature of any injury sustained
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9. Give details of the actions taken including and first aid treatment and the name(s) of the first aider(s)
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10. Were any of the following contacted?
Police Yes No
Ambulance Yes No
Parent/Guardian Yes No

PTO.



INCIDENT/ACCIDENT REPORT FORM (Continued)

11. What happened to the injured person following the incident/accident? e.g. Went home, went to hospital, stood on the touchline until the end of the session etc.

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12. Additional notes and comments.

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13. I confirm that the above facts are, to the best of my knowledge and belief, a true and accurate record of the incident/accident.

Signed: Date:

Print Name:

Team/Club Role:

Please keep a copy of this record and submit a copy to the Director of Rugby at Norwich Rugby Club. If appropriate you may need to also complete a Serious Accident Scene Management Log to submit with this form.