



Injury/Incident report Form

TO BE COMPLETED BY THE COACH/INDIVIDUAL IN CHARGE AT THE TIME OF THE INCIDENT

Coach/Individual's name: Tel no:

Address:
..... Postcode:

About the Injured person:

Name: Tel no:

Address:
..... Postcode:

Sex: Age:

About the incident:

Date: / / Time: Location:

Details of incident:
.....
.....
.....

Action taken:

Action taken by Coach/ Leader/Club Rep:
.....
.....

Were Emergency services called/attended: Yes/No (delete) Time arrived:

Which service attended:

Action taken:
.....

Was casualty taken to Hospital: Yes/No (delete) Name of Hospital:

Treatment/diagnosis:
.....

Name of Witness (1)..... Tel:

Address:

Name of Witness (2)..... Tel:

Address:

Signature of Coach/ Leader/ Club Rep:



DATA PROTECTION Any information given will be treated as confidential and shall be accessible only by the committee. These records will be retained on file for five years after the incident.