



ACCIDENT AND/OR INCIDENT REPORT FORM

About the person who had the accident	
Full Name:	
Address:	
Postcode:	Age if under 16:
Occupation:	
Activity being undertaken at time of the accident:	

About the accident/incident – when and where	
Date it took place:	Time:
Name & address of facility where it took place:	
Detail how the accident happened, what was the cause:	
Nature of the injury, including location on body:	
Witness name(s) and address(es):	
Police called Yes / No	Ambulance called Yes / No
Manager informed Yes / No	Centre
Parents informed Yes / No	Facility Accident Book completed Yes / No
Details of any first aid given and any other action taken: <i>(continue on the back of this form if necessary)</i>	

Section to be completed by supervising coach or person reporting the accident / incident

I confirm that the above details are correct and accurate to the best of my knowledge	
Print Name:	
Signature:	Date: