



**Grampond Football Club
Incident/Accident Report Form**

1. Site where accident took place	
2. Name of person in charge of session/competition	
3. Name of injured person	
4. Address of injured person	
5. Date and time of incident/accident	
6. Nature of incident/accident	
7. Give details of how and precisely where the accident took place. Describe what activity was taking place e.g. match, training session, getting changed, etc.	
8. Give full details of the action taken including any first aid treatment and the name(s) of the first-aider(s).	
9. Were any of the following contacted?	Police: Yes <input type="checkbox"/> No <input type="checkbox"/> Ambulance: Yes <input type="checkbox"/> No <input type="checkbox"/> Parent/Guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>
10. What happened to the injured person following the accident? (e.g. went home, went to hospital, carried on with session etc)	

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

Signed.....Name (Print).....

Date.....