

Incident/Accident Report Form Forest Badminton Club

Site where incident/accident took place			
Name of person in charge of session/competition			
Name of injured person			
Address of injured person			
		Post Code	Tel No.
Date and time of incident/accident	Date	Time	
Nature of incident/accident			
Give details of how and precisely where the incident/accident took place. Describe what activity was taking place, e.g. training game, getting changed, etc.			
Give full details of the action taken including any first aid treatment and the name(s) of the first aider(s):			
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/carer	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What happened to the injured person following the incident/accident? (e.g. went home, went to hospital, carried on with session)			

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

SIGNED: _____

DATE: _____

Name: _____