

Barking and Dagenham Schools' Football Association (Primary)



Incident/Accident Report Form

Name of School:

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. training programme, getting changed, etc.

8. Give full details of the action taken including any first aid treatment and the name(s) of the first-aide(s).

9. Were any of the following contacted?

Police Yes No

Ambulance Yes No

Parent/Guardian Yes No

10. What happened to the injured person following the accident?
(e.g. went home, went to hospital, carried on with session)

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

Signed

Name (please print)

Date

Please keep a copy for your records and forward to the appropriate member of school staff.