Greatham Youth Football Club
Accident/Incident Reporting Form

Where the incident took place:	Were any of the following contacted: Police: Yes ☐ No ☐ Ambulance: Yes ☐ No ☐ Parent/Guardian: Yes ☐ No ☐
Name of the person in charge of session/event:	What happened to the person after the accident? (e.g. went home, went to hospital, carried on with the session):
Name of injured person:	
Address of injured person:	
Date and time of accident/incident:	All of the above facts are true and accurate of the incident/accident. Signed: _____ Name (print): _____ Date: _____
Give details of how and precisely where the accident took place. Describe what activity was taking place:	
Give details of the action taken including any first aid treatment and the name(s) of the first-aider(s):	

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