



Leeds VC : Incident/accident report form

Name of person in charge of session/competition

Site where incident/accident took place

Date of incident/accident

Name of injured person

Address of injured person

Nature of incident/injury and extent of injury



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Give details of how and precisely where the incident took place.

Describe what activity was taking place, for example training/game/getting changed.

Please give full details of action taken during any first aid treatment and the name(s) of first-aider(s).

Were any of the following contacted?

- | | | | |
|---|------------------|------------------------------|-----------------------------|
| ✓ | Parents / Carers | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ✓ | Police | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ✓ | Ambulance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

What happened to the injured person following the incident/accident?

E.g., carried on with session, went home, went to hospital etc.

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

Signed: _____ **Date:** _____

Name: _____

In the event of an accident occurring through insufficient training or faulty equipment/facilities, follow up action to include completion of risk assessment form.