

## Accident/Incident Report Form

\_\_\_\_\_ Soccer Club Incident / Accident Report

1. Site where accident took place:

\_\_\_\_\_

2. Date and time of accident/ incident: \_\_\_\_\_

3. Name of person in charge of session/ competition:

\_\_\_\_\_

4. Name of injured person:

\_\_\_\_\_

5. Address of injured person:

\_\_\_\_\_

6. Nature of accident/ incident: \_\_\_\_\_

7. Give details of how and precisely where the accident took place. Describe what activity was taking place, e.g. training program, getting changed etc.

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

9. Indicate which of the following contacted:

Police

Ambulance

Parent/ Guardian

10. What happened to the injured person following the 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: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_