

SWIFTS INCIDENT & ACCIDENT REPORT FORM



Swifts Junior
Badminton Club

Please tick boxes or carefully enter the information requested, as appropriate.

REPORT OF AN INCIDENT OR ACCIDENT

Details of Injured Person

Name	
Address	
County	Postcode
Telephone	Approx. Age

Details of the Incident

Site of the Incident

Date of Incident / /

Time of Incident

Name of Person in Charge at Time

Nature of Incident

Details of Action Taken

Please give full details of the action taken, including any first aid treatment given. Please include the name(s) of the first aider(s).

Full Details

Please give full details of how and precisely where the incident took place. Describe what activity was taking place (e.g. training game, competitive match, getting changed)

Details of Contacts Made

Were any of the following contacted? (Tick box if yes).

Police

Parent/carer

Ambulance

First Aider

Fire & Rescue

Facility's Management

AFTERWARDS

Please describe what happened to the injured person(s) following the incident or accident (e.g. went home, went to hospital, carried on playing)

All of the facts stated on this form are a true and accurate record of the incident or accident.

Signature _____

Date / /

Name Please print
