Junior Reds FC Incident/Accident Report Form (1) Stay calm but act swiftly and observe the situation. Is there Name of Team:..... danger of further injuries? (2) Listen to what the injured person is Site where incident / accident took place:.... saying. (3) Alert the first-aider who should Name of person in charge of session / competition:.... take appropriate action for minor injuries. Name of injured person: (4) In the event of an injury regarding specialist treatment, call the Address of injured person: emergency services. (5) Deal with the rest of the group and ensure that they are adequately supervised. (6) Do not move someone with major injuries - wait for the emergency services. Post code: (7) Contact the injured person's parent/guardian. Date and time of incident / accident: Complete this incident / accident report form. Nature of incident / accident:.... Give full details of how and precisely where the incident / accident took place. Describe what activity was taking place (eg, training programme, getting changed):.... Give full details of the action taken, including any first aid treatment and the name(s) of the first aider(s) Were any of the following contacted (please tick)? (A) Police (B) Ambulance (C) Fire Service (D) Parent / Guardian What happened to the injured person following the accident (eg" went home, went to hospital, carried on with session)?:......... All of the above are a true and accurate record of the incident / accident Signed:.... Date:....

Name (print):....

Send completed forms to: Mr Clive Chivers. 103, Old Farm Avenue. Sidcup. DA15 8AJ.



Incident Guidelines