

**Accident Report Form**

**Name of Club:**.....

1. Site where incident/accident took place:.....  
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2. Name of person in charge of session/competition:.....

3. Name of injured person:.....

4. Address of injured person:.....  
.....  
.....

5. Date and time of incident/accident:.....

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

7. Give details of how and precisely where the incident/accident took place. Describe what activity was taking place, eg training game, getting changed, etc.  
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.....  
.....

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

9. Were any of the following contacted:

Police: Yes / No

Ambulance: Yes / No

Parent: Yes / No

10. What happened to the injured person following the incident/accident? (eg went home, went to hospital, carried on with session)  
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.....  
.....  
.....

11. All of the above facts are a true and accurate record of the incident/accident.

Signed: .....

Name: .....

Position:.....

Date: .....

**This form should be retained by the Club and submitted to BARLA/RFL on request.**