

Multiple District 105 Lioness Clubs



INCIDENT/ACCIDENT REPORT FORM

Name of person in charge of event:.....

Site where accident/incident took place:.....

.....

Date of incident/accident: Time of incident/accident:

Name of injured person:

Address of injured person:

.....

Nature of accident/incident and extent of injury:

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

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:

Police: Yes / No

Ambulance: Yes / No

Parent/carer: Yes / No

What happened to the injured person following the incident/accident? (e.g. went home, went to hospital, carried on)

Witnesses of incident (if required).....

.....

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

SIGNED: DATE:.....

Parent/Guardian (if under 18) or injured party signature

Any personal data/special category data contained herein are processed in accordance with UK data protection legislation. If you would like further details, please ask for our main Privacy Notice.