

Incident/Accident Report Form

SWALEDALE RUNNERS

Name of person in charge of session/competition

Site where incident/accident took place

Date of incident/accident

Name of injured person

Address of injured person

Nature of incident/accident and extent of injury

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

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

Were any of the following contacted?

- Next of Kin Yes No
- Police Yes No
- Ambulance Yes No

What happened to the injured person following the incident/accident?
E.g. carried on with session, went home, went to hospital etc.

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

Signed:

Date:

Name:
