

# Winwick Athletic FC (Season 2016/2017)



## Incident / Accident Report Form

Name of Club: Winwick Athletic FC

1. **Site where accident took place:**  
\_\_\_\_\_
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 accident took place.  
Describe what activity was taking place e.g. training programme, getting changed etc.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. **Give details of the action taken including any first aid treatment and the name(s) of the first-aiders(s).**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. **Were any of the following contacted:**

<b>Police</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Ambulance</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Parent / Guardian</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. **What happened to the injured person following the accident?**  
(e.g. went home, went to hospital, carried on with the session / match)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. **All of the above facts are a true and accurate record of the incident / accident.**  
**NOTE: Accident insurance is provided by the Club but any claims must be submitted to the insurers, via the Club Secretary, no later than 30 days after an injury.**

Signed: \_\_\_\_\_ Name (Print): \_\_\_\_\_ Club Position: \_\_\_\_\_