

***INCIDENT/ACCIDENT REPORT FORM***

Venue where incident/accident took place:

Name of person in charge of session/Game:

Name of injured person:

Address of injured person:

Date and time of incident/accident:

Nature of incident/accident:

*Give details of how and precisely where the incident/accident took place. Describe what activity was taking place, e.g. 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 with session*)

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

SIGNED:

Name:

Date:

*Please give completed form to the Cricket Club Welfare Officer*