



St Austell Athletes
Running Club

Incident / Accident Report Form

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



Incident / Accident Report Form

Give details of how and precisely where the incident 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?

- | | | |
|------------------|------------------------------|-----------------------------|
| • Parents/carers | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Police | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Ambulance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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 accident / incident

Signed: _____

Name: _____

Date: _____