INCIDENT / ACCIDENT REPORT FORM

Please complete this form as soon as possible following an incident or accident. Provide factual information and as much relevant detail as possible.

1. Location where incident took place

2. Name of person in charge of session

3. Name of injured person

4. Date of incident **Time**

5. Details of the incident / accident

Give details of how and precisely where the incident or accident took place. Describe what activity was taking place, for example training, a game, getting changed, entering or leaving the water, or handling equipment.

6. Action taken

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

Name(s) of first aider(s)

INCIDENT / ACCIDENT REPORT FORM - CONTINUED

7. Were any of the following contacted?

Contact	Yes	No
Parent / Guardian	☐	☐
Ambulance	☐	☐
Police	☐	☐
Welfare Officer	☐	☐

8. What happened to the injured person following the incident / accident?

For example: went home, went to hospital, was collected by a parent/guardian, or carried on with the session.

9. Declaration

I confirm that the information above is a true and accurate report of the incident / accident as reported by me.

Name _____

Signature _____

Date _____