

**CHIPSTEAD FC**

**INCIDENT / ACCIDENT REPORT FORM**

1. Name of person in charge of session / competition

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1. Site where incident / accident took place

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1. Date of incident / accident

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1. Name of injured person

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1. Address of injured person

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1. Nature of incident / injury and extent of injury

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

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

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1. Were any of the following contacted ?

Parents / carers Yes [ ] No [ ]

Police Yes [ ] No [ ]

Ambulance Yes [ ] No [ ]

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

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

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PLEASE RETURN COMPLETED FORM BY EMAIL TO THE CLUB WELFARE OFFICES:**

**Jamie Brind - chipsteadfc.welfareofficer@gmail.com**