



DMB LAW

CHIPSTEAD FC

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/injury and extent of injury



DMB **LAW**

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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 No
Police Yes No
Ambulance Yes No

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:

Date:

Name:

PLEASE RETURN COMPLETED FORM TO OUR CLUB WELFARE OFFICER:

Catherine O'Connell
The Garden House
Windmill Road
Sevenoaks TN13 1TN

or email c.oconnell1999@gmail.com