



Burnley R.U.F.C.



ACCIDENT/INJURY & INCIDENT REPORT FORM

Date of incident/accident: _____ Time of incident/accident: _____

Team/Age group: _____

Name of injured person: _____

Address of injured person: _____

Site where incident/accident took place: _____

Give precise details of how and where the incident accident took place. Include details of the activity taking place (eg 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? (tick as appropriate)

Police Ambulance Doctor Parent/Carer Other

[If "Other", give details _____]

What happened to the injured person following the incident/accident? (eg went home, went to hospital, carried on with game):

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

Name: _____

Signed: _____ Date: _____

SEND THIS FORM TO MINI/JUNIOR CHAIRMAN (keep a copy)