



Incident/Accident Reporting Form

This form should be completed and forwarded to the TSTF FC Club Chairman asap.

1 Site where accident took place incl *date/time

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2 Name of person in charge of session/competition & contact tel/mobile no

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3 Full Name of Injured person

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4 Address of Injured person

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5 Date and Time of incident/accident

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6 Nature of accident/incident

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7 Give details of how precisely where the accident took place.

Describe what activity was taking place, eg. Training programme, getting changed, etc.

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

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9 Were any of the following contacted

Police Yes No

Ambulance Yes No

Parent/Guardian Yes No

10 What happened to the injured person after the accident? (eg. Went home, went to hospital, carried on with session)

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

Signed:

Name (Print):

Date:

NOTE: *A brief email/text should also be made to the Chair so that a follow up courtesy phone call can be made to ascertain whether the player needs any further help/advice. Petemason7602@gmail.com or Mobile: 07809901303