



HEBDEN BRIDGE SAINTS

Junior Football Club

www.hbsaints.com

FA Charter Standard Club

Registered Charity (No. 1091969)

Incident/Accident Report Form

1) Site where accident took place:

2) Name of person in charge of session/competition:

3) Name of injured person:

4) Address of injured person:

5) Date and time of incident/accident:

6) Nature of accident/incident:

7) Give details of how and precisely where the accident took place – describe what activity was taking place e.g. training, in a match, getting changed etc.

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

9) Were any of the following contacted (please circle):

Police	Yes	No
Ambulance	Yes	No
Parent/Guardian	Yes	No
Other (Give Details)	Yes	No

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

I confirm that all of the above facts are a true and accurate record of the incident/accident

Signed

Name (print)

Date

Please return the completed form to:

Helen Hosker
Spring Meadow
67 Burnley Road
Mytholmroyd
West Yorkshire
HX7 5PD

helenhosker@hotmail.co.uk