Incident / Accident Report Form

?… Judo Club

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| --- | --- |
| Venue where incident/accident took place: |  |
| Date and time of incident/accident: |  |
| Name of Injured person: |  |
| Address of Injured person: |  |
| Nature of incident/accident: |  |
| Details of Accident  (Give details of how and precisely where the incident/accident took place. Describe what activity was taking place, e.g. training game, getting changed, etc.) |  |
| Action taken  Were any of the following contacted? | Police Yes No  Ambulance Yes No  Parent/Guardian Yes No |
| Full details of action  Including any first aid treatment and the name(s) of the first aider(s): |  |
| Follow on care  (What happened to the injured person following the incident/accident? e.g. went home, went to hospital, carried on with session): |  |

|  |  |
| --- | --- |
| Name of Witness 1 and contact number |  |
| Name of Witness 2 and contact number |  |
| Name of person in charge of session/competition |  |

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

I understand that my personal information will be stored confidentially by the …?Judo Club and only passed on to the British Judo Association where appropriate relating to his accident/incident.

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print)

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_