

**Sample**

**Accident Report form**

Male Female

**Injured Persons Name: - Age:-**

**Address including postcode: - Telephone number:-**

**Venue and where in the venue the accident/incident happened?** (E.g. changing room/poolside):-

**Date and time of the incident:-**

**Date and time the incident was reported:-**

**Describe what happened giving as much detail as possible** e.g. the events leading up to the incident, if a fall, state height in metres, any equipment involved etc.

**Describe the injury and first aid applied** (including the nature and extent of the part of body involved e.g. 2cm cut to left hand, cleaned cut and plaster applied):-

**Name and address of the first aider:**-

**Was the person taken to hospital? Yes/No**

**To the best of my knowledge the information provided above is correct.**

**Name of person completing this report** (block capitals)

 **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of person involved in the incident** (or parent/guardian, if a child.)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_**

(In the case of injuries to children ensure the parents are contacted; record the time of the contact and guardians name instead of signature)

**Names and addresses of any witnesses** (attach any witness statements)