

North West Counties Juniors 7-12 ARL
ACCIDENT REPORT FORM

NAME OF CLUB:

1. Site where incident/accident took place:.....,.....
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2. Name of person in charge of session/competition:.....

3. Name of injured person:.....

4. Address of injured person:.....
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5. Date and time of incident/accident:.....

6. Nature of incident/accident:

7. 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.
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8. Give full 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: Yes / No

10. What happened to the injured person following the incident/accident? e.g. went home, went to hospital, carried on with the session

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

Signed:.....

Name:.....

Date:

This form should be retained by the club and submitted to BARLA on request.