



Wheatley Wanderers Junior Football Club 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 pe	erson:
5.	Date and time of incident/accident:	
6.	Nature of incident/accident:	
7.	Give details of how and precisely where the accident took place. Describe what activity was taking place (e.g.training programme, getting changed):	
8.	Give full details of the action taken including any first aid treatment and the name(s) of the first-aider(s):	
9.	9. Were any of the following contacted:	
Police:		yes / no
Amb	oulance:	yes / no
Pare	nt/Guardian:	yes / no
10.	10. What happened to the injured person following the accident (e.g. went home, carried on training, went to hospital)?	
11.	1. All of the above facts are a true and accurate record of the accident/incident.	
Sign	ed	Date
Name (Print).		
Witness Name (Print)		
Witness SignatureDate		