Please ensure that this form is completely legible and is signed and dated. Please inform Janet Fuller on the day by email, fohcwelfare@hotmail.com or mobile, 07906932830 and then forward the form to her as soon as possible.

|  |  |
| --- | --- |
| 1. Name and location of facility |  |
| 2. Full name of coach/captain supervising the session |  |
| 3. Full name of the injured person (if applicable) |  |
| 4. Full address of the injured person (if applicable) |  |
| 5. Date of accident | Time of accident |
| 6. Nature of accident and extent of injury (including location on body): |
| 7. FULL details of the accident including;- how it happened, where it took place: |
| 8. What activity was being performed (eg training game, getting changed, etc): |
| 9. Witness name(s) and address(es): |
| 10. Give full details of the action taken including any first aid treatment and the name(s) of the first aider(s): |
| Police called: Yes / No | Ambulance called: Yes / No |
| Facility manager informed: Yes / No | Facility accident book completed Yes / No |
| Parent informed Yes / No |  |
| 11. Other actions?  |

**Section to be completed by supervising coach/captain/first aider**

Iconfirmthat the above details are correct and accurate to the best of my knowledge.

|  |  |
| --- | --- |
| Print name: |  |
| Signature: | Date: |