

# STANWAY VILLA FC

## ACCIDENT/INJURY REPORT FORM

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1. Site where accident took place .....
2. Name of person in charge .....
3. Name of injured person .....
4. Address of injured person .....
5. Date and time of incident/accident .....
6. Name of incident/accident .....
7. Give details of how accident took place. Describe what activity was taking place e.g. training programme, getting changed etc  
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8. Give full details 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/Guardian Yes/No
10. What happened to the injured person following the accident?  
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11. Names and addresses of witnesses  
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.....
12. All of the above facts are a true to the best of my knowledge and belief  
Signed ..... Date .....  
Name (print) .....

Please return to Club Secretary