



BEACON CRICKET CLUB

Incident/Accident Report Form

Site where incident/accident took place:

Name of person in charge of session/competition:

Name of injured person:

Address of injured person:

Date and time of incident/accident:

Nature of incident/accident:

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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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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Were any of the following contacted:

Police: Yes No

Ambulance: Yes No

Parent/carer: Yes No

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

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

SIGNED:

DATE:

Name: