





Swinton FC Charter Standard Community Club Accident/Incident Report Form

	Accident/incident Report Form	
1. Si	te or location incident or accident took place:	

- 2. Name and address of person in charge of session or match
- 3. Name and address of person or persons involved in the incident or accident
- 4. Age of person and team
- 5. Date and time of incident or accident
- 6. Nature of incident or accident

7.	Give precise details of how the incident or accident took place, what was the activity
8.	Give details of any first aid given at the scene and by whom, name and address of first aider
9.	Where the following contacted,
	Police YES/NO
	Ambulance YES/NO
	Parent/Guardian YES/NO
10	Please give details of the emergency service that attended i.e Names or police badge numbers and the responding station.
11.	What Happened after the incident or accident, e.g. did they go home, hospital or police station.

12. Additional Information i.e. Name of Ref/Official or any other party/Person that were involved
or witnessed the incident/accident
13. All the above details are correct to the best of my knowledge and a true accurate record of the incident or accident:
Signed
Name
Team or Po <mark>sition within th</mark> e club
Date
Please forward this form with 24 hours of the incident or accident to:
Chris Lee 236 East Lancs Road Swinton
Manchester M27