



Stockport Vikings

Junior Football Club

Incident/Accident Report

1. Site where accident took place

2. Name of person in charge of session/competition

3. Name of injured person

4. Address of injured person

5. Date and time of incident/accident

6. Nature of accident/incident

7. Give details of how and precisely where the accident took place. Describe what activity was taking place, e.g. training session, getting changed, etc.

8. Give details of the action 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?
(e.g. went home, went to hospital, carried on with session)

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

Signed : _____

Name: _____

Date: _____