

Incident Report Form

EVENT / TRAINING SESSION:

DATE:

LOCATION:

Participant Details (Injured Party)

Name	
Membership Number/One Day Membership	
Date of Birth	
Age	
Address	
Telephone Number	
Medical Conditions	

Incident

Location of incident	
Time	
Details of what happened and what you believe caused the incident	
Name(s) of individual(s) involved in incident	

Details of First Aid

Details of Injury

Details of first aid given

Referred to

(Please circle)

1. Parent/guardian
2. Doctor
3. Hospital
4. Other (please specify)

Details of where referred to

Name and address of First aider

Telephone Number:

Signed:

Date:

Time:



Details of Person Completing Form (If not First-aider)

Name:	
Address:	
Telephone Number:	
Signed:	All the above facts are a true and accurate record of the incident.
Date:	
Time:	