



St. Paul's Boxing Academy CIO

Accident/incident report form

Name of person in charge of session/competition.....

Site where accident/incident took place.....

Date of accident/incident.....

Name of injured person.....

Nature of accident/incident and extent of injury.....

Address of injured person.....

Give details of how and precisely where the accident/incident took place.....

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Describe what activity was taking place, for example training/getting changed

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Give full details of action taken during any first aid treatment and the name(s) of first-aider(s).

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Where any of the following contacted? (Yes or No)

Parents/carers.....

Police.....

Ambulance.....

What happened to the injured person following the accident/incident?

E.g. carried on with session, went home, went to hospital etc.

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

Signed:

Date:

Name:

Give the completed form to the Club Welfare Officer or the Head Coach

Note: In the event of an accident/incident occurring through insufficient training or faulty equipment/facilities follow up action to include completion of risk assessment form.