

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.....

Time of accident/incident

Name of injured person.....

Age of injured person

Address of injured person

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

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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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Was the Regional Welfare Officer informed? Yes/No

If yes please give time and date:

Date: Time:

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 is to include completion of risk assessment form.

Reviewed: December 2022

Next review: December 2023