

Incident Report Form



| Your details | |
|--------------------|--|
| First Name: | |
| Surname: | |
| RLSS Number: | |
| Home address: | |
| Date of Birth: | |
| Telephone Numbers: | |
| Sex: | |

| Casualty's Details | |
|--------------------|--|
| First Name: | |
| Surname: | |
| RLSS Number: | |
| Home address: | |
| Date of Birth: | |
| Telephone Numbers: | |
| Sex: | |

| Details of incident | |
|--------------------------------------|---------------------------------------------------------------------|
| Date of incident: | |
| Time of incident: | |
| Location of incident: | |
| Nature and extent of injury: | |
| | |
| Were any of the following contacted? | |
| Parents/Guardians | Yes <input type="checkbox"/> No <input type="checkbox"/> Date/Time: |
| RLSS UK | Yes <input type="checkbox"/> No <input type="checkbox"/> Date/Time: |
| Police | Yes <input type="checkbox"/> No <input type="checkbox"/> Date/Time: |
| Ambulance | Yes <input type="checkbox"/> No <input type="checkbox"/> Date/Time: |

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Give details of how and precisely where the incident took place. Describe what activity was taking place, for example training/game/getting changed:

Give full details of action taken during any first aid treatment. Supply the name and addresses of any first aiders:

What happened to the injured person following the incident/accident? For example carried on with session, went home, went to hospital.

I confirm that all of the above facts are a true record of the accident/incident

Signed:

Print Name:

Date:

If you are filling this form out and submitting it electronically then this will stand as proof of your declaration