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**School Sports Coaching Ltd**

**Incident/accident report form**

**Name of Coach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site where incident/accident took place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of incident/accident \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_**

**Name of injured person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address of injured person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Nature of incident/injury and extent of injury**

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

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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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**Were any of the following contacted?**

Parents/carers Yes / No

Police Yes / No

Ambulance Yes / No

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

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

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**