



Accident Record Form – Version 3.1

1. About the person who had the accident

Name.....

Address.....

.....Post Code.....

Team Name.....Team Manager /Coach.....

2. About you, the person filling in this record

Name.....

Address.....

.....Post Code.....

Position in club.....Telephone contact no.....

3. About the accident Continue on the back of this form if required

Say when it happened.....Date.....Time.....

Say where it happened.....

.....

Say how accident happened. Give cause if you can.....

.....

.....Please continues and note any witness details on the back of this form

What action did you take.....

.....

Please sign the record and date it.....(Signature).....(Date)

Send completed forms to: Ruth McGahan, Health & Safety Officer ruthmcgahan@hotmail.co.uk
& Karen Jones, Club Welfare Officer karenjones.uk@googlemail.com



COVID- 19 GJFC follow the advice and guidance of The Football Association, Public Health England and WRCFA (County FA) and all the respective leagues concerned with all grassroots/ junior football activity during the 2020 - 2021 season. See <http://www.thefa.com/news/2020/may/15/fa-guidance-on-permitted-grassroots-activity-during-covid-19-150520> This may add to any information to include on this form..

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& **Karen Jones, Club Welfare Officer** karenjones.uk@googlemail.com