



# Accident Record Form – Version 4.0

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.....

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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.....

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

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Send completed forms to: Ruth McGahan, Health & Safety Officer [ruthmcgahan@hotmail.co.uk](mailto:ruthmcgahan@hotmail.co.uk)  
Club Welfare Officer (temporarily covered by Nicky Clarke)