

INJURY & ACCIDENT FORM

LAST UPDATED
SUMMER 2024

Once completed, you must send a copy of this form to the club welfare officer via cwo@littletonjuniorfc.com

DETAILS

DATE & TIME, LOCATION

PERSON IN CHARGE

TYPE OF INCIDENT

POSITION IN TEAM / CLUB

NAME OF PERSON INVOLVED

NAME(S) OF FIRST AIDERS

TEAM / AGE GROUP

WHAT HAPPENED? (WHERE, HOW, ETC...)

ACTIONS TAKEN, TREATMENT GIVEN

WERE ANY OF THE FOLLOWING CONTACTED?

POLICE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
AMBULANCE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PARENT/GUARDIAN	<input type="checkbox"/> YES	<input type="checkbox"/> NO

WHAT HAPPENED TO THE INJURED PERSON AFTER THAT?

YOUR NAME

SIGNATURE

DATE