

Incident/accident report form

CITY OF MILTON KEYNES SWIMMING CLUB

CITY OF MILTON KEYNES SC

CMK

Name of person in charge of session/competition

Site where incident/accident took place

Date of incident/accident

Name of injured person

Address of injured person


Nature of incident/injury and extent of injury

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

Describe what activity was taking place, for example training/race/getting changed. (Use addition paper if required)

Give full details of action taken during any first aid treatment and the name(s) of first-aider(s).

Were any of the following contacted?

- | | | | |
|---|----------------|------------------------------|-----------------------------|
|  | Parents/carers | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|  | Police | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|  | Ambulance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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

E.g., carried on with session, went home, went to hospital etc.

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

Signed:

Date:

Name:

In the event of an accident occurring through insufficient training or faulty equipment/facilities follow up action to include completion of risk assessment form.
