

Clarkston Tennis Club



3.4.4 Incident / Accident Report Form

CLUB NAME: Clarkston Tennis Club

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 occurred.

Describe what activity was taking place, e.g. training/game/getting changed.

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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?

- | | | |
|----------------------|------------------------------|-----------------------------|
| ✓ Parent(s)/carer(s) | 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

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

Signed:

Name:

Date:

In the event of an incident/accident relating to training or faulty equipment/facilities, follow up action should include completion of the relevant risk assessment form. [Refer to resources 3.4.5 – Risk assessment form for facilities; and 3.4.6 – Risk assessment form for coaches.]