

Incident/accident report form

City of Cambridge Swimming Club

Location where incident/accident took place:

Name of person in charge of session/competition:

Name of injured person:

Address of injured person:

Date and time of incident/accident:

Nature of incident/accident:

Give details of how and precisely where the incident/accident took place. Describe what activity was taking place, e.g. training game, getting changed, etc.

Give full details of the action taken including any first aid treatment

