

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 and the name(s) of the first aider(s):

Were any of the following contacted : Delete as required

Police	Yes	No
Ambulance	Yes	No
Parent/Carer	Yes	No

What happened to the injured person following the incident/ accident? (e.g. went home, went to hospital, carried on with session)

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

SIGNED:

DATE:

Name:

Please retain a copy for your own records and pass original to any coach or official of the City of Cambridge Swimming Club, who will then ensure that the form is passed to the club Welfare Officer. Please report the incident by e-mail to welfare_officer@cocsc.org.uk