



**Wellingborough RFC
Accident Report Form**

Name of Injured Person		Date of Birth	
Team		Date of Incident	

Name of Lead Coach	
Nature of Incident/Accident	

Activity	Match/Training/Club House/Other (Specify).....
Details of the Incident/Accident (E.g. How? Where?)	

Details of Actions Taken or First Aid given (Name who did what)	
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Were any of the following contacted?

Ambulance **YES NO** Parent/Carer **YES NO**

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

Signed.....

Name.....,..... Date.....