

CAMDEN FENCING CLUB



Accident/Incident Reporting Form

A. INJURED PERSON DETAILS

Coach or fencers— provide information

– provide term-time address, telephone no, email,

Members of the Public – provide home address, telephone number & email details

Title: (e.g. Dr, Mr, Mrs etc)	Date of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Family Name:	Other Names:	
Address:	Role:	
	Session date:	
	time	
	Tel No:	
	Email:	
Status: coach <input type="checkbox"/> junior fencer <input type="checkbox"/> adult fencer <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor <input type="checkbox"/> Other <input type="checkbox"/> (specify):		
Is the injured person completing this form? Yes / No If No, please print your details below.		
Name:	Tel No:	
Is English the first language of the injured person? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, what is the first language of the injured person?		

B. ACCIDENT DETAILS

Date Accident Form Completed:	
Date of Accident (if different from above date):	Time (use 24hr clock):
Location:	Room No:

DESCRIPTION OF ACCIDENT Give full details of what happened and what the injured person was doing. If the incident involved a fall from height e.g. from ladder, down stairs etc, state how far the person fell.

Continue overleaf if necessary

NATURE & EXTENT OF INJURIES Indicate the type of injury & part of body e.g. fractured upper left arm, cut right index finger, etc.

TREATMENT Tick all relevant boxes <input type="checkbox"/> None <input type="checkbox"/> Self <input type="checkbox"/> club First Aider	<input type="checkbox"/> coach <input type="checkbox"/> venue staff <input type="checkbox"/> Hospital	ABSENCE <input type="checkbox"/> Returned to after treatment <input type="checkbox"/> Likely to be more than 3 days <input type="checkbox"/> Not yet known
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C. RESPONSIBLE PERSON This form must be countersigned by the following: for **a) coach**– committee member; **b) fencers**– coach or committee first aiders c) **Visitor/Public** – coach/ committee first aider

Name:	Session:	
Position held:	Tel No:	Date: