

GLASGOW TOUCH RUGBY ACCIDENT REPORT FORM

NAME OF CLUB:

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DETAILS OF INCIDENT

1. Site where incident/accident took place:

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2. Name of person in charge of session/competition:

3. Name of injured person:

4. Address of injured person:

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5. Date and time of incident/accident:

6. Nature of incident accident:

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

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ACTION TAKEN

8. Give full details of the action taken including any first aid treatment and the name(s) of the first aider(s)

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9. Where any of the following contacted:

Police: YES / NO

Ambulance: YES / NO

Parent: YES / NO

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

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

Signed:

Date:

Name:

This form should be retained by the club and submitted to the STA on request.

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