

Incident/accident report form

YORKSHIRE WOLDS RUNNERS

Name of person in charge of session/competition	
Site where incident/accident took place	
Date of incident/accident	
Date of incident/accident	
Name of injured person	
Address of injured person	
Nature of incident/injury and extent of injury	

Give details of how and precisely where the incident took place.



		rity was taking place, ng changed.	, for example		Rim	
annig/g	garrie/gettii	ig changed.				
		of action taken	during any f	first aid treatı	ment and th	
ame(s) of first-	-aider(s).				
Voro o	ny of tho	following conta	otod?			
rere ai	ny or the	ionowing contac	cteu:			
	•	Parents/carers	Yes	No 🗌		
	•	Police	Yes	No 🗌		
	•	Ambulance	Yes	No 🗌		
		to the injured pe			ent/accident	
.g., carr	ried on with	n session, went hom	e, went to hos	pital etc.		
ll of th	he above	facts are a true	record of t	he accident/in	cident	
Signed:			Date:			
lame:						