



Swindon Dolphin ASC Accident/Incident Report Form

Following an accident, reportable incident or property damage, please complete this form and return it immediately to the Club Secretary, Sharon Woolford (Telephone 07909 546596), so that it can be recorded in the Accident/Incident Log Book.

Name of person in charge of session/competition

--

Site where incident/accident took place

--

Date of incident/accident

Time

--	--

Name of injured person

Age

--	--

Address of injured person

Telephone No

--	--

Nature of incident/injury and extent of injury

--



Swindon Dolphin ASC Accident/Incident Report Form

Give details of how and precisely where the incident took place (poolside, changing room, etc). Describe what activity was taking place (e.g. training session, getting changed).

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

Were any of the following contacted?

- | | | | | | |
|-------------------------------------|----------------------------|-----|--------------------------|----|--------------------------|
| <input checked="" type="checkbox"/> | Parents/carers | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Swindon Dolphin official | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Police | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Ambulance | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Site / Facility Management | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

What happened to the injured person following the incident/accident? For example, carried on with session, went home, went to hospital etc.

Give full details (inc telephone numbers) of any witness to the incident/accident.

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

Name (print) :

Signed : Date :