Activity Alliance Accident Report Form

Injured Person

Event Name		Incident Date	
Nature of Activity		Event Manager	
Venue Name and Address			
Name			
Address			
Contact Number			
Gender			
DOB			

Details of the Incident

Time of incident	
Exact location of the incident	
Describe what happened and how	

Details of the Injury

Nature of injury eg. burn, cut, sprain	
Severity of injury	
Location on body eg. back, left leg	

Action Taken

First Aid treatment given	
First Aider name	

Were any of the following contacted?

Parents/Carers	Yes ☐	No ☐
Ambulance	Yes ☐	No ☐
Police	Yes ☐	No ☐

After the incident

What happened to the injured person after the incident? Eg. Continued with the session, went home, went to hospital etc	

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

	Print Name	Sign
Injured Party		
First Aider		
Event Manager		