



Accident Report Form

Name of Club and Age Group:

Name of injured person: DOB:

Address of injured person:

Date and time of incident/accident:

If the injury was sustained in a training session please confirm the name of the Coach:

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If the injury was sustained in a match please confirm the name of the referee:

.....

Site where incident/accident took place:

Nature of incident/accident:

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

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.....

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

.....

.....

Were any of the following contacted:

- Police: Yes / No
- Ambulance: Yes / No
- Parent: Yes / No

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

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

Signed:

Name:

Position:

Date:

This form should be retained by the Club and submitted to the RFL to;

Competitions@rfl.co.uk