**DUMFRIES TABLE TENNIS CLUB Shakespeare Street Dumfries DG1 2JE**

**ACCIDENT/INCIDENT REPORT FORM**

**Name of person in charge of session/competition**

**Date of incident/accident**

**Name of injured person(s)**

**Contact details of injured person (phone, email or address)**

**Nature of incident/injury and extent of injury**

**Give details of how the incident occurred and what activity was taking place, e.g training, game**

**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?**

Parents/carers Yes ⬜ No ⬜ Ambulance Yes ⬜ No ⬜ Partner Yes ⬜ No ⬜ Police Yes ⬜ No ⬜

**What happened to the injured person following the incident/accident?** E.g. carried on, went home, went to hospital etc.

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

**Signed: Name: Date:**

Return this form to the club secretary on completion, who will assess if any follow-up action is required, e.g. revision of Risk Assessment form, recovery of Defibrillator?