



RUNCORN SAXONS F.C.

Incident / Accident Reporting Form

This form is fully supported by The FA & RSFC Child Welfare Officer who is responsible for reviewing the completed form.

Site where accident took place	
Name of person in charge of session/competition	
Name of injured person	
Address of injured person	
Date & time of incident/accident	
Nature of accident/incident	
Describe what activity was taking place, e.g. Training, Match, Futsal, getting changed, etc.	
Give details of how and precisely where the accident took place.	
Give details of the action taken including any first aid treatment and the name(s) of the first-aider(s).	



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Were any of the following contacted	Police Y / N Ambulance Y / N Parent/Guardian Y / N
What happened to the injured person after the accident? (eg. went home, went to hospital, carried on with session)	
All of the above facts are a true and accurate record of the incident/accident.	Signed _____ Name (Print) _____ Date _____
FOR OFFICIAL USE ONLY	On behalf of Runcorn Saxons FC this Incident / Accident was reviewed by: Name _____ Club Position _____

Please complete and send to:

Runcorn Saxons FC - Child Welfare Officer

Kristine Bennett

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E: CWO@RSFC.co.uk