

# GYLLYNGVASE SURF LIFE SAVING CLUB INCIDENT/ACCIDENT REPORT FORM

1. Site where incident/accident took place: .....

2. Name of person in charge of session/competition: .....

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3. Name of injured person: .....

4. Address of injured person: .....

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5. Date and time of incident/accident: .....

6. Nature of incident/accident: .....

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7. Give details of how and precisely where the incident/accident took place. Describe what activity was taking place, eg training, getting changed, etc.

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

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9. Were any of the following contacted:

Police: Yes  No

Ambulance: Yes  No

Parent/guardian: Yes  No

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

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

SIGNED: ..... DATE: .....

Name: .....