



## Incident/Accident Report Form

**Club name**      Chesham Bois Lawn Tennis & Squash Club

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

**Site where incident/accident took place**

**Date of incident/accident**

**Name of injured person**

**Address of injured person**

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

**Give details of how and precisely where the incident occurred.**

**Describe what activity was taking place, e.g. training/game/getting changed.**

**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?**

- |                                     |                    |                              |                             |
|-------------------------------------|--------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> | Parent(s)/carer(s) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Police             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Ambulance          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**What happened to the injured person following the incident/accident?**

**e.g. carried on with session, went home, went to hospital**

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

Signed

Name

Date

**Upon completion of this form, please pass to the Club Manager, Jeremy Sperling (email: [manager@cbltsc.com](mailto:manager@cbltsc.com) ; tel.: 01494 432932). Any follow up actions needed will be implemented by the Club Committee.**