



# MERIDIAN JUDO CLUB

## incident/Accident Report Form

Venue where incident/accident took place	
Date and time of incident/accident	
Name of injured person:	
Address of injured person:	
Nature of incident/accident:	
Details of Accident  (Give details of how and precisely where the incident/accident took place. Describe what activity was taking place, e.g. training game, getting changed, etc.)	
Action Taken Were any of the following contacted:	Police: Yes <input type="checkbox"/> No <input type="checkbox"/> Ambulance: Yes <input type="checkbox"/> No <input type="checkbox"/> Parent/guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>
Full details of action including any first aid treatment and the name(s) of the first aider(s):	
Follow on care (What happened to the injured person following the incident/accident? e.g. went home, went to hospital, carried on with session).	
Name of Witness 1 and contact number	
Name of Witness 2 and contact number	
Name of person in charge of session/competition	

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



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

Name: .....

Position.....