



Hertfordshire Junior Badminton Association Incident/Accident Report Form

Injured Persons Details	
Name	Age
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	
Phone Number	
<input type="text"/>	

Incident Details	
Date of Incident	Time of Incident
<input type="text"/>	<input type="text"/>
Site of Incident	
<input type="text"/>	
Name of Person Responsible at time of incident	
<input type="text"/>	

Description of Incident	
Nature of the incident	
<input type="text"/>	
Full Details of Incident <small>Describe precisely where, what, who, how, mechanism of injury and what activity occurring (e.g. match, training drill etc.)</small>	
<input type="text"/>	
Actions Taken at Time of Incident <small>Describe what actions were taken, including first aid treatment and who took said actions</small>	
<input type="text"/>	
Details of Individuals/Organisations Contacted	Details <small>When/how notified, name of individual attending</small>
Parent/Guardian <input type="checkbox"/>	Ambulance <input type="checkbox"/>
Facilities Management <input type="checkbox"/>	Police <input type="checkbox"/>
First Aider <input type="checkbox"/>	Fire & Rescue <input type="checkbox"/>
Afterwards <small>Describe what happened to the involved person following the incident (e.g. went home, went to hospital, carried on with session/event)</small>	
<input type="text"/>	

All of the facts stated on this form are a true and accurate record of the incident/accident

Print Name: _____ Signature: _____ Date: _____