

Bonnyrigg Rose Community Football Club



INCIDENT REPORT FORM

Name of Person Reporting Incident:

Position of Person Reporting Incident:

ACCIDENT / INCIDENT DETAILS

Where did the incident take place:

Name of person in charge of session/competition:

Name of injured person:

Address of injured person:

Date and time of incident/accident:

Nature of incident/accident:



Bonnyrigg Rose Community Football Club, Poltonhall Sports Complex, 7a Poltonhall Avenue Road,
Bonnyrigg, EH19 2NU, Registered Charity SC050923

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Give details of how and precisely where the accident took place. Describe what activity was taking place (e.g. training session, getting changed).

Give full details of the action taken including any 1st Aid treatment and the name(s) of 1st Aiders.

Were any of the following contacted?

Police: Yes/No

Ambulance: Yes/No

Parent/Guardian: Yes/No

What happened to the injured person following the accident (e.g. went home, went to hospital)?

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

Signed: _____ Date: _____

Name (print): _____