

# The FA Charter Standard Club Programme Incident/Accident Reporting Form



## Football Club

### Incident/Accident report

1. Site where accident took place

\_\_\_\_\_

2. Name of person in charge of session/competition

\_\_\_\_\_

3. Name of injured person

\_\_\_\_\_

4. Address of injured person

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Date and time of incident/accident

\_\_\_\_\_  
\_\_\_\_\_

6. Nature of accident/incident

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. 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"/>

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signed \_\_\_\_\_

Name (Print) \_\_\_\_\_

Date \_\_\_\_\_