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| INJURY/ACCIDENT REPORT FORM  This form must be completed for all accidents/ injuries/ incidents.  IMPORTANT; If there is an overnight hospital stay, send to FA Coordinator ASAP as they must inform the RFU within 48 hrs.  Details of this protocol, the necessary forms and additional information are available on the RFU website <http://www.englandrugby.com/rugbysafe/injury-reporting>  Notify & email this form to: First Aid Coordinator: Bruce Elder, [firstaider@ocrfc.co.uk](mailto:firstaider@ocrfc.co.uk) 07754 309 141  cc: Safeguarding officer: Angie Elder, [safeguarder@ocrfc.co.uk](mailto:safeguarder@ocrfc.co.uk) 07514 067 535 | |
| Date and time of incident |  |
| Location of incident |  |
| Name of Injured Person |  |
| Address of Injured Person |  |
| Name of person Submitting report |  |

|  |  |  |
| --- | --- | --- |
| 1 | Nature of incident: | |
|  |  | |
| 2 | Describe what activity was taking place, e.g. training / game, getting changed, etc. | |
|  |  | |
| 3 | Give details of the action taken including any first aid treatment and the name(s) of the FA’s | |
|  |  | |
| 4 | What happened to the injured person following the incident/accident? (e.g. went home, went to hospital, carried on with activity) | |
|  |  | |
| 5 | Who was contacted:  (Delete as appropriate) | Police: Yes / No Ambulance: Yes /No Parent/guardian: Yes / No |

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



Name: …………………………………………. Signed: ……………………………………… Date: ……………