Incident Report Form

EVENT:

DATE:

LOCATION:

|  |
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| Participant Details (Injured Party) |
| Name |  |
| Membership Number/One Day Membership |  |
| Date of Birth |  |
| Age |  |
| Address |  |
| Telephone Number |  |
| Medical Conditions |   |

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| Incident |
| Location of incident on course |  |
| Time |  |
| Details of what happened and what you believe caused the incident |  |
| Name(s) of individual(s) involved in incident |  |

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| Details of First Aid |
| Details of Injury |  |
| Details of first aid given |  |
| Referred to | (Please ring)1. Parent/guardian2. Doctor3. Hospital4. Other (please specify) |
| Details of where referred to |  |
| Name and address of First-aider |  |
| Telephone Number: |  |
| Signed: |  |
| Date: |  |
| Time: |  |

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| Details of Person Completing Form (If not First-aider) |
| Name: |  |
| Address: |  |
| Telephone Number: |  |
| Signed: | **All of the above facts are a true and accurate record of the incident.** |
| Date: |  |
| Time: |  |