Incident Report Form

EVENT:

DATE:

LOCATION:

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

|  |  |
| --- | --- |
| 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 |  |

|  |  |
| --- | --- |
| Details of First Aid | |
| Details of Injury |  |
| Details of first aid given |  |
| Referred to | (Please ring)  1. Parent/guardian  2. Doctor  3. Hospital  4. Other (please specify) |
| Details of where  referred to |  |
| Name and address of  First-aider |  |
| Telephone Number: |  |
| Signed: |  |
| Date: |  |
| Time: |  |

|  |  |
| --- | --- |
| 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: |  |