

*DUMFRIES SAINTS RFC* - Form to be completed and given to Rugby Development Officer

Name of person in charge of session/competition:

Location where incident/accident took place:

Date of incident/accident:

Time of incident/accident:

Name of complainant/injured person:

Contact details (if required only):

Nature of incident/accident and extent of injury if any

:

Give details of how and precisely where the incident/accident took place.

Describe what activity was taking place, eg training game, getting changed, etc.

Give full details of the action taken including any first aid treatment and the name(s) of the first aider(s):

Were any of the following contacted:

Police: Yes  No  N/A

Ambulance: Yes  No

Parent/carer: Yes  No

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

Was the Child Protection Officer informed :

YES / NO / NOT CHILD PROTECTION INCIDENT

If YES please give date and time

Outline any follow up actions required:

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

SIGNED:

DATE:

NAME:

Witnesss (if relevant): Name.....

Signature.....

I hereby agree with the record of events completed above

Date.....

*In the event of accident occurring through insufficient training or faulty equipment/facilities follow up action to include completion of Risk assessment form*