

LEVERSTOCK GREEN LAWN TENNIS CLUB

Accident/Incident Report Form

Please complete and send a copy/photograph to the club secretary,
LGLTC.secretary@gmail.com

Date of incident/accident

Name of injured person

Address of injured person

Where did the incident/accident take place?

Name of person in charge of session/competition

Nature of incident/injury and extent of injury

Give details of how and precisely where the incident occurred.

Describe what activity was taking place, e.g. training/game/getting changed.

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

Were any of the following contacted?

Parent(s)/carer(s) Yes No

Police Yes No

Ambulance Yes No

What happened to the injured person following the incident/accident?
e.g. carried on with session, went home, went to hospital

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

Name

Signed

Date