



Wrekin Juniors Football Club

Established 1998

Affiliated to the Shropshire FA

Guidelines for Dealing with an Incident/Accident

1. Stay calm but act swiftly and observe the situation. Is there danger of further injuries?
2. Listen to what the injured person is saying.
3. Alert the first-aider who should take appropriate action for minor injuries.
4. In the event of an injury regarding specialist treatment, call the emergency services.
5. Deal with the rest of the group and ensure that they are adequately supervised.
6. Do not move someone with major injuries.
7. Contact the injured person's parent/guardian.
8. Complete an accident report form. Send top copy to Secretary of Club. Keep copy yourselves.

Wrekin Juniors Football Club

Established 1998

Affiliated to the Shropshire FA



Incident / Accident Report Form

Name of Team

Site where accident took place

Name of injured person:

Name of person in charge

Address of injured person:

Date and time of incident/accident

Nature of incident/accident

Give details of how and precisely where accident took place

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

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 Ambulance Yes No Parent/Guardian Yes No

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

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

Manager's Signature:

Name (PRINT)

Date:

Wrekin Juniors Football Club

Established 1998

Affiliated to the Shropshire FA



Incident / Accident Report Form

Name of Team

Site where accident took place

Name of injured person:

Name of person in charge

Address of injured person:

Date and time of incident/accident

Nature of incident/accident

Give details of how and precisely where accident took place

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

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 Ambulance Yes No Parent/Guardian Yes No

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

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

Manager's Signature:

Name (PRINT)

Date: