

Accident/Incident Form for the Glossop and District Table Tennis League.

Date: _____ Venue: _____
 Time: _____ Activity: _____

Details of Injured Party

Name: _____ Address: _____
 D.O.B. _____ Post Code: _____
 Gender: Male / Female
 Contact Numbers: (1) _____ (2) _____ (3) _____

Details of Accident

Exact location of Accident & Activity involved: *(draw diagram overleaf of location)*

Please give full details of how the accident happened:

Nature of the injuries incurred: *(use diagram overleaf to show location of injury on the body)*

Was treatment provided?	Yes* / No	*If Yes, by Whom? _____ <i>(please ensure contact details are provided below)</i>
Was an ambulance required?	Yes / No	*Treatment Witnessed by: _____
Were the parents informed?	Yes / No	_____
Did the injured party resume activity?	Yes / No	<i>(please ensure contact details are provided below)</i>

Witnesses Details

Name: _____ Address: _____
 Post Code: _____
 Contact Numbers: (1) _____ (2) _____ (3) _____

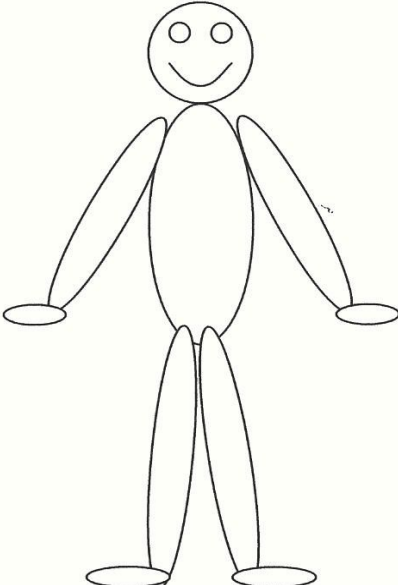
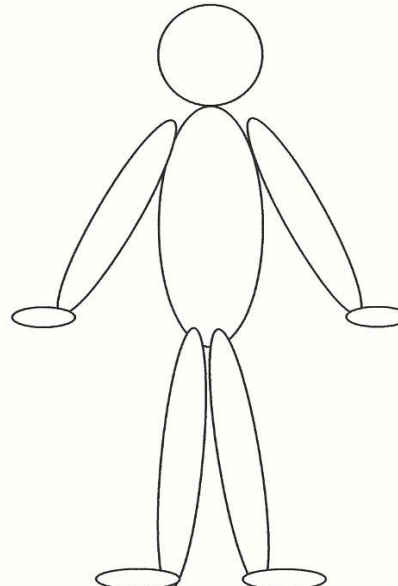
Name: _____ Address: _____
 Post Code: _____
 Contact Numbers: (1) _____ (2) _____ (3) _____

Location of Accident

Please draw in the space below a diagram of the area where the accident took place : _____

Location of Injury

Please use the diagram below to specify where the injury/injuries are located on the injured party:

<u>Front</u>		<u>Back</u>	
Right		Left	
	Left	Left	Right

Incident Form for the Glossop and District Table Tennis League.

Activity: _____ Venue: _____ Date: _____

Please provide full details of the Incident below:

Follow up actions to be taken: (if any)

Signed: _____ Date: _____