



**Lymm Rugby Football Club**  
Crouchley Lane,  
Lymm, Cheshire, WA13 0AT

T: 01925 753212  
[www.trylymm.com](http://www.trylymm.com)

## **Lymm RFC - Accident Report Form**

**Name of person in charge of session/match.....**

**Referee (if appropriate).....**

**Site where incident/accident took place.....**

**Name of injured person.....**

**Team/Age group ..... Age.....**

**Date of incident/accident.....**

**Nature of incident/accident and extent of injury.....**

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**Give details of how and precisely where the incident/accident took place.  
Describe what activity was taking place e.g. training, game, getting changed  
etc.**

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**Was the injury due to foul play...? (If so please provide details of any actions  
taken).....**

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**Give full details of the action taken including any first aid treatment, name of  
first aider(s) and any hospital or surgery details**

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Sara Worton  
Lymm RFC Safeguarding Officer  
[saraworton@gmail.com](mailto:saraworton@gmail.com)  
07703 061399



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**Were any of the following contacted?**

Ambulance **YES/ NO**

Parent/Carer **YES NO**

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

Signed.....

Name.....Contact number.....,

Date.....

**Once complete please forward this form to the Club Safeguarding Officer via email.**

[saraworton@gmail.com](mailto:saraworton@gmail.com)

The Club Safeguarding Officer will review the form and contact the referrer if there are any actions outstanding. A record of this referral form will be retained by the Club Safeguarding Officer.

**Please do not place completed form in the clubhouse as it will not be registered.**

Any concerns about completion of this form, please contact your Safeguarding Officer on the details below

Sara Worton  
Lymm RFC Safeguarding Officer  
[saraworton@gmail.com](mailto:saraworton@gmail.com)  
07703 061399