Lymm RFC Accident Form

Lymm Rugby Football Club Crouchley Lane, Lymm, Cheshire, WA13 0AT T: 01925 753212 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 ……………………………………………………………………….

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. ………………………………………………………………………………………............………………………………………………………………………………………... ……………………………………………………………………………………….. ………………………………………………………………………………………………………………………………………………………………………………………… ……………………………………………………………………………………………

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

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

Ralph Tucker

Lymm RFC Safeguarding Officer

safeguardinglymmrugby@outlook.com

07812 220018

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.

safeguardinglymmrugby@outlook.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