

Out of School Club Accident Record

Accident tracking no:

Record completed by: Name: Address: <div style="text-align: right;">Postcode:</div> Job title: Tel:	Person who had the accident Name: Address: <div style="text-align: right;">Postcode:</div> Tel:
Details of accident: Date:	Time:
Where did the accident occur?	
Describe the events:	
Witnesses:	
Injuries suffered:	
Actions taken or treatment given:	
Record completed by: <i>(Signature of Club's first aider)</i>	Record read by: <i>(Signature of parent or carer)</i>

This form should be filed with individual child records