

First Aid involved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were the following	<input type="checkbox"/> Police <input type="checkbox"/> Ambulance
Were the Parents informed? <input type="checkbox"/> Yes <input type="checkbox"/> No	By whom:
	When:
Referred to Designated Safeguarding Officer (DSO)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DSO Signature:	
Any further action to be taken?	
Has person returned to (name of Club) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>.....</p> <p>Signature of Management Representative</p> <p>.....</p>	
Print Name	Position
<p>All of the above facts are a true record of the accident/incident</p> <p>Signed _____ Date _____</p> <p>Print Name _____</p> <p>(In the event of an accident occurring through insufficient training or faulty equipment/facilities, follow up action to include completion of Risk Assessment Form)</p>	