



Accident Report form

Please ensure all incidents and accidents are reported to your club Welfare officer Sarah Collett
sarahjcollett@icloud.com

Name:
D.o.b:
Photos taken: yes / no:
Reported in the accident report book:
THIS PART IS TO BE COMPLETED BY A MERSTHAM F.C OFFICIAL:
Name of person involved in accident: _____
D.O.B of person involved in accident: _____
Brief description of injury and cause of injury: _____ _____ _____
Treatment given and by whom : _____ _____ _____
Was hospital visit required: Y / N
Was the parent informed of incident and precautionary treatment post accident: Y / N
Has the accident been risk assessed to prevent future re occurrence: Y / N
Officials Signature: _____ Print Name: _____
Date: _____
Contact Number: _____
Parent Signature: _____ Print Name: _____
Date: _____
Contact Number: _____



Vulnerable Adult and Child Protection Incident Form

Please ensure all incidents are reported to your Club Welfare Officer Sarah Collett
sarahjcollett@icloud.com

WITNESS NAME:

WITNESS TELEPHONE NUMBER:

PHOTOS TAKEN: YES / NO:

REPORTED IN THE ACCIDENT REPORT BOOK:

THIS PART IS ONLY TO BE COMPLETED BY AN OFFICIAL OF MERSTHAM FC:
(Complete a detailed report on the incident and how it was reported to you, do not ask leading questions or ask for incidents to be repeated. Avoid any additional stress to the victim at all times)

I BELIEVE THAT THE FACTS STATED IN THIS WITNESS STATEMENT ARE TRUE:

SIGNATURE:

PRINT NAME:

DATE:

CONTACT NUMBER:



Incident Report Form

Please ensure all incidents are reported to your Club Welfare Officer Sarah Collett
sarahjcollett@icloud.com

WITNESS NAME:

WITNESS TELEPHONE NUMBER:

PHOTOS TAKEN: YES / NO:

REPORTED IN THE ACCIDENT REPORT BOOK:

THIS PART IS ONLY TO BE COMPLETED BY AN OFFICIAL OF MERSTHAM FC:
(Complete a detailed report on the incident and how it was reported to you, do not ask leading questions or ask for incidents to be repeated. Avoid any additional stress to the victim at all times)

I BELIEVE THAT THE FACTS STATED IN THIS WITNESS STATEMENT ARE TRUE:

SIGNATURE:

PRINT NAME:

DATE:

CONTACT NUMBER: