

**BOSCASTLE & CRACKINGTON GIG CLUB  
ACCIDENT / INCIDENT REPORT FORM**

**Name and contact details of person in charge of session/competition**

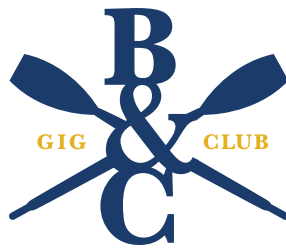
**Site where incident/accident took place**

**Date of incident/accident**

**Name(s) of injured person(s)**

**Address of injured person(s)**

**Nature of incident/injury and extent of injury(ies)**



**Give details of how and precisely where the incident took place.**

*Describe what activity was taking place, for example training/game/getting changed.*

**Give full details of action taken during any first aid treatment and the name(s) of first-aider(s).**

**Were any of the following contacted?**

Parents/carers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Police	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ambulance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Coastguard	Yes <input type="checkbox"/>	No <input type="checkbox"/>
RNLI	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**What happened to the injured person following the incident/accident? E.g., carried on with session, went home, went to hospital etc.**

**All of the above facts are a true record of the accident/incident**

**Signed:**

**Date:**

**Name:**