

WESSEX VOLLEYBALL CLUB

INCIDENT / ACCIDENT REPORT

Venue

Session

Date

Time

Name of person in charge

Name of person involved

Contact details

Medical conditions ?

Nature of incident / accident

Details of what happened

Details of action taken

Were emergency services contacted?

What happened to the person involved following the accident / incident
(went home, to hospital, collected by parent, carried on etc)

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

Signed

Name

Witness

Name

Date

To be kept with the Club's records. Please give to Lynn Allen as soon as possible please