Ascot United FC

***Accident / Incident Report (please complete in full and retain a copy)***

Date: \_ Time: \_ Location:

Player’s Name: Age: \_

Team Name:

Injury/Illness: \_ Treatment Given:

How did the incident happen? \_

Where did the incident happen?

Outcome of incident: \_ \_

Contacted: Parent/Carer \_

Ambulance \_

Police

Name of First Aider: \_ Signature:

Position in club:

**Parent / Guardian**

I have been informed of the incident and the treatment given to the above person.

Signed: Date:

AUFC Accident/Incident report – revised Oct 2008 / GG