**ACCIDENT REPORT**

**Date: Time:**

**Event: Venue:**

**Name of person making Accident Report:**

**Details of the person the Accident happened to:**

**Name:**

**Club:**

**Address:**

**Email Address:**

**Male/Female/Other:** (delete as applicable if relevant)

**If young person the above details should be completed by a Guardian, and include their**

**Age:**

**Brief details of accident** (continue on back if required)

**Outcome:** *e.g. Basic first aid administered for cut/for fainting and monitored until feeling better; assistance obtained from First Aid professionals from audience and ambulance called, or other..*

**Signed : (Victime) Date :**

**To be completed by SPF President or Event Organiser present**

**Procedure complied with:** Yes/No

**Date/Time informed:**

**Signed: Date:**