



North Ribblesdale R.U.F.C.

Grove Park Gardens, Settle, North. Yorkshire, BD24 9QS

www.northribblesdale.co.uk

Date of incident/accident: _____ Time of incident/accident: _____

Site where incident/accident took place

Name of person injured:- _____ age:- _____

Give precise details of how and where the incident accident took place. Include details of the activity-taking place (e.g. training, game, getting changed etc):

Give full details of the action taken, including any first aid treatment and the name(s) of the first aider(s):

Referee name (if match) _____

Were any of the following contacted? (Delete as appropriate)

Police Yes/No Ambulance Yes/No Parent/carer Yes/No Doctor Yes/No

Further Details _____

what happened to the injured person after the game (e.g. carried on playing went to hospital went home):

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

Signed: _____ Name:-: _____ Date:- _____

SEND THIS FORM TO MINI/JUNIOR CHAIRMAN (KEEP A COPY) AND, IF NECCSSARY, NOTIFY CHRIS SHARPE CLUB SECRETARY