



# HULLENSIANS RUGBY UNION FOOTBALL CLUB

SPRINGHEAD LANE, ANLABY, HULL, EAST YORKSHIRE, HU4 7RU

www.hullensians.org

## YOUTH ACCIDENT FORM

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  
PETE JONES CLUB SECRETARY