

**Hylton Castle and Town End Farm Boxing Club  
Accident/incident report form:**



Date of incident/accident.....  
Name of person in charge of session/competition.....  
Site where incident/accident took place.....  
Name of injured person.....  
Nature of incident/injury and extent of injury.....  
.....  
.....

Address of injured person.....  
.....  
.....

Give details of how and precisely where the incident/accident took place.....  
.....  
.....

Describe what activity was taking place, for example training/game/getting changed  
.....  
.....  
.....

Full details of action taken during any first aid treatment and the name(s)  
.....  
.....  
.....

Where any of the following contacted? (Yes or No)

Parents/carers..... Welfare Officer.....

Police..... Other.....

Ambulance.....

What happened to the injured person following the incident/accident?  
.....  
.....

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

In the event of an incident/accident occurring through insufficient training or faulty

Equipment/facilities follow up action to include completion of risk assessment form.

Stamp: