



WILTSHIRE  
TENNIS

**Incident/Accident Report Form:** to be completed by Supervisor. Where such relates to training or faulty equipment/facilities, obtain a HandS checklist from the venue.

**Name of Person in charge of trip/session/competition:** .....

**Site of incident/accident:** ..... **Date of incident/accident:** .....

**Name of injured person:** ..... **Capacity:** .....

**Address of injured person (if not on file):** .....

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**Nature of incident/injury and extent of injury:** .....

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**Details of precisely how and where it occurred, e.g. training/game/match/changing etc.:**

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**Details of any first aid treatment, and name of first aider:** .....

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Were the following contacted? Parent/carer Y/N. Police Y/N. Ambulance Y/N.

After the incident, the injured person: carried on with session\*/went home/went to hospital\*/other\*.

**Additional details:** .....

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**Signed:** ..... **Name:** ..... **Capacity:** .....

**Date:** .....