



Malpas & District Junior Football Club



Grounds: Malpas Sports Club, The Oxhays, Wrexham Road, Malpas, Cheshire
Bishop Heber High School, Farndon Community Field

www.malpasfc.co.uk

Accident Form 21/22

Venue where accident took place	
Name of coach in charge of session/competition	
Name and address of injured person	
Date and time of incident/accident	
Is the incident / accident COVID-19 related? If YES, provided details and confirm that pass-on letter has been completed.	YES/ NO
Type of Injury	
Give details of how the accident took place.	
Describe what activity was taking place, eg. training programme, getting changed, during a match etc	
Give details of the action taken including any first aid treatment and the name(s) of the first-aider(s).	
Bumped head letter given?	
Were any of the following contacted? Police Ambulance Parent/Guardian	
What happened to the injured person following the accident? (e.g. went home, went to hospital, carried on with session)	

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

Signed

Name (Print)

Date

A copy of this form must be sent to the Club Welfare Officer within 48 hours of the accident

