



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

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.	
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 (inc Medication) 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