

Accident Form

Season 2016/17

Founded 1985 | FA Charter Standard Club 2003 | FA Community Club 2005

Penkridge Junior Football Club Incident/Accident report

1. Site where accident took place

2. Name of person in charge of session/competition

3. Name of injured person

4. Address of injured person

5. Date and time of incident/accident

6. Nature of accident/incident

7. Give details of how and precisely where the accident took place.
Describe what activity was taking place, eg. training programme,
getting changed, etc.

8. Give details of the action taken including any first aid treatment and
the name(s) of the first-aider(s).

9. Were any of the following contacted

Police Yes No

Ambulance Yes No

Parent/Guardian Yes No

10. What happened to the injured person following the accident?
(eg. went home, went to hospital, carried on with session)

11. Notes.

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

Signed - Manager/Coach

Name (Print) _____

Date _____

Signed - Parental responsibility

Name (Print) _____

Date _____

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Chairman: Norman Mence **Vice Chairman:** Pete Spillard **Treasurer:** Peter Davis **Secretary:** Joanne Richards

Communications Officer: Ben Whitehouse **Development Officer:** **Recruitment Officer:** Nigel Winfer

School Liaison: Paul Mallaband **Social Officer:** **Welfare Officer:** Chris Lester, Leisa Wyllie

Postal: Club Secretary Joanne Richards, Mere Farm, Mere Lane, Penkridge, STAFFS, ST19 5PJ

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