



Accident Report Form

This form must be filled in by the person administrating First Aid treatment and then returned to the Clubs and Societies Office, Room 2, first floor of the Haigh Building.

Your Full Name	Telephone Number	Term address

About the Accident

Date and Time of Accident	Exact location and address of accident

About the injured person

Their full name	Their Age	Telephone Number	Term address	Gender

About the Injury	
Describe the injury	
How did the accident occur? Please give details	
Describe any action taken to prevent a similar accident.	

Signature _____

Date _____