



## School Sports Partnership Accident Report Form



### 1. Personal Details

About the person	About the person completing the form
Name	Name
Address	Address
Postcode	Postcode
School / form	Occupation

### 2. About the accident – When and where did it happen

Date \_\_\_\_\_ Time \_\_\_\_\_

### 3. About the accident – What happened and treatment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 4. Please sign and date - the person filling in the report

Signature \_\_\_\_\_ Date \_\_\_\_\_

### 5. Please sign and date - person who has had the accident if over 16 or parent/guardian if under 16

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please ensure a copy of this form is signed by the person involved in the accident or a parent. If a head injury occurs please ensure the injured person is given a head injury form. A copy must be given to the host school / site of the activity

Please return this form to:  
Jo Godfrey  
Partnership Development Manager  
East Barnet School  
Chestnut Grove  
East Barnet EN4 8PU