



# Accident Report Form

This form is to be completed by all societies/clubs with regard to ANY accident within 24hours (or immediately on return from a trip).

**IF NO** accidents have occurred, complete Section 1 & 2, and the disclaimer at the end. Please return a signed copy within 7 days of return.

**An ACCIDENT is anything that requires medical treatment**

<b>1) Society/ Club Name</b>			
<b>2) Authorised Trip Leader / Organiser / Team Captain</b>			
<b>3) Date of Incident</b>		<b>4) Time of Incident</b>	
<b>5) Names of Individuals Concerned &amp; Warwick Card No (Where appropriate)</b>			
<b>6) Nature &amp; cause of Accident and Extent of Injury (Please give as much detail as possible)</b>			
<b>7) Action Taken</b>			




# Accident Report Form

IF NO ACCIDENT HAS OCCURRED:

I.....(PRESIDENT/TOUR LEADER) DECLARE THAT THERE HAVE BEEN NO ACCIDENTS/INCIDENTS THAT HAVE OCCURRED ON THIS TRIP.

DATE.....

FOR OFFICE USE ONLY	
Date Received	
Action Taken	
<b>Signed</b> 	<b>Date</b> / /
Societies Coordinator/Sports Administration/ Relevant Officer/Manager	
<b>Copy to Facilities and Safety Administrator</b>	

