

BLANDFORD AND DISTRICT ANGLING CLUB



Incident/Accident Report Form

Date of incident/accident:			
Name of injured person: Address: Phone:			
Location where incident/accident took place:			
Nature of incident/injury and extent of injury:			
Describe what activity was taking place, e.g. fishing/walking/working/getting changed			
Give details of how and precisely where the incident took place.			
Give full details of action taken during any first aid treatment: Name(s) & contact details of first-aider(s):			
What happened to the injured person following the incident/accident? (e.g., carried on with session, went home, went to hospital etc.)			
Were any of the following contacted? What Time? Contact details:	Parents/carers	Police	Ambulance
Name & Address & phone number of person in charge of session/competition – If applicable			

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

Signed: _____ Date: _____

Name: _____

Completed forms should be returned to the BDAC Committee by hand:- c/o Pete Brundish (Secretary) 07867 988306
or digitally/scanned copy to:- email blandfordangling@outlook.com