**University of Essex Students’ Union**

**SU Sports Clubs & Societies Accident/Incident Report**

Complete fully after incident and return with rest of Captain’s Pack (Sports Only for Captain’s Pack)

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| Event or Activity: Date of Accident/Incident: / / Time: Exact Location:  |
| **Description of Accident/Incident** |
| Describe what happened, including what the injured person was doing at the time: Any factors affecting the accident (weather, local conditions, equipment, etc.)?Full name and contact no. of witness(es): |

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| **Details of Person Injured** |
| Full Name:  | *Please circle Appropriate Description:* |
| Student PRID: M / F | Fracture Head |
| Contact No:  | Break Back |
| Course Title:  | Cut Arm |
| Address:  | Laceration Hand |
|   | Bruise Leg |
| Post Code: D.O.B. / /  | Sprain Foot |
| Injured Person’s Signature: | Burn Torso |
|   | Other (*Please specify*)  |

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| **Action Taken** |
| Treatment by (*please circle*):First Aider St. John AmbulanceSelf NoneFirst Aid given by: Contact No.:  | Further action required? *If yes, please give details* |

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| **Recommendations** |
| Could the accident have been avoided? Was the accident dealt with quickly and effectively? Can any action be taken to improve emergency procedures?  |
| Captains’/Presidents’ Signature: Date: / / Essex SU Student Activities Office Signature: Date: / /  |