



# Tiki Taka Football Academy



## Accident/Incident Report Form

Please complete this form as soon after the incident as possible and send to [secretaryttfa@gmail.com](mailto:secretaryttfa@gmail.com). A copy should be made available to the venue so they can perform a Health & Safety inspection. Parents of an injured minor may also request a copy of this form.

### Details of person completing this report

Full name:-----

Role:-----

Contact Number -----

### Details of person injured/hurt

Full name:-----

Role:-----

Contact Number -----

### Details of incident/accident

Location: -----

Time: -----

Date: -----

Events, accident, injury & cause:

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Treatment given at site and by whom: -----

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Were the emergency services called? -----

Did the injured person require a hospital visit? -----

Signed: ----- Date: -----

Confidentiality - This form will be held securely by the Tiki Taka Football Academy for the purpose of monitoring health and safety and will only be disclosed to persons or organisations able to demonstrate a legal right to the data therein.

