

## **Boxing Scotland** Incident and Accident Reporting

|   | Boxing Club  |  |  |
|---|--|--|--|
|   | Incident/Accident reporting procedure  |  |  |
| In the event of an ac   | ccident:   |  |  |
| <ul> <li>Listen to wh</li> <li>If the injury</li> <li>If the injury</li> <li>Deal with th</li> <li>Do not mov</li> <li>Contact the</li> </ul> | ut act swiftly and observe the situation. Is there any danger of further injuries? nat the injured person is saying. is minor, alert your first aider to take appropriate action. requires specialist treatment, call the emergency services. he rest of the group and ensure that they are adequately supervised. he someone with major injuries. Wait for the emergency services. hipured persons parent/carer h incident/accident report form (see below) |  |  |
| Club Name   |  |  |  |
| Address   |  |  |  |
| Post Code   |  |  |  |
| Telephone No.   |  |  |  |
| Name of person in o   | charge of session/competition:   |  |  |
| Site where incident/  | accident took place:   |  |  |
| Date of incident/acc  | cident:  |  |  |

Name and Address of injured person:

| Nature of incident/accident and extent of i                          | injury:                 |                        |            |
|--|-------------------------|------------------------|------------|
|  |                         |                        |            |
| Give details of how and where the incident training/getting changed. | t occurred. Describe w  | hat activity wa taking | place e.g. |
| Give full details of action taken during any                         | first aid treatment and | the name(s) of first a | nider(s).  |
| <b>3</b> 1   |                         | (4,                    | (4)        |
|  |                         |                        |            |
|  |                         |                        |            |
| Parent(s) / Carer(s)   | YES                     | NO                     |            |
| Police   | YES                     | NO                     |            |
| Ambulance  | YES                     | I NO I                 |            |

What happened to the injured person following the incident/accident? E.g. carried on with session, went home, went to hospital...

| All of the above facts are a true record of the incident/accident |           |  |  |
|---|-----------|--|--|
| Signed:   | Date:     |  |  |
| Name:   | Position: |  |  |