



ACCIDENT REPORT FORM

Name of injured person:		
Address of injured person:		
Date and time of accident	Date:	Time:
Nature of injury:		
Describe the accident.		
Details of any first aid given.		
Was the parent contacted:	Yes / No	
Who by?		
Additional actions undertaken or required.		
Additional notes including risk assessments carried out prior to accident.		

Signature of Kandahar Racing Official Date

Signature of Parent/Carer* Date

*The signature can be digital form or wet but must be e-mailed by return, with confirmation they have received and understood the information given.

Coaching staff - Please return this form to the Kandahar Racing Manager who will keep it securely for 7 years in the athletes file.