



Chelmsford & District Junior Netball League.
www.chelmsfordjuniornetballleague.co.uk

Should there be an incident at an event organised by CDJNL it is a requirement of our insurance that an incident form be completed and held by the League, your co-operation in this matter is appreciated.

ACCIDENT/ILLNESS INCIDENT FORM

Date.	Location.
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Injured/Ill person.	Club				
Please tick.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border-right: 1px dashed black; padding: 5px;">Player</td> <td style="width: 20%; border-right: 1px dashed black; padding: 5px;">Coach</td> <td style="width: 20%; border-right: 1px dashed black; padding: 5px;">Umpire</td> <td style="padding: 5px;">Spectator</td> </tr> </table>	Player	Coach	Umpire	Spectator
Player	Coach	Umpire	Spectator		
Nature of incident.					
Events leading up to the incident.					

Treatment administered.			
Who treated the patient?			
Address.			
Club.			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px dashed black; padding: 5px;">In what capacity?</td> <td style="width: 33%; border-right: 1px dashed black; padding: 5px;">Primary Carer.</td> <td style="padding: 5px;">Other.</td> </tr> </table>	In what capacity?	Primary Carer.	Other.
In what capacity?	Primary Carer.	Other.	
Were the emergency services called?			
Was the patient taken to hospital?			

Who is filling in this form?	
Club.	
Date	Signed

Please return to the League Secretary.