**All England Judo Federation**

**Accident / Incident Reporting**

At some point there will be an accident or incident within the club. It is important to know when a form should be filled out and where to send it.

On 25th June 2023 the technical board agreed that an accident / incident should be reported if;

1. The student abstains from training due to being hurt for longer than 5 minutes
2. The student has a concussion (please follow our concussion policy)
3. Medical treatment is required such as a plaster, bandage or ambulance / police are called.
4. A head injury has occurred and the concussion policy has to be followed.

**The form should be completed, copied and sent to the national safeguarding officer via email or post.**

Incident / Accident Report Form

|  |  |
| --- | --- |
| Venue where incident/accident took place: |  |
| Date and time of incident/accident: |  |
| Name of Injured person: |  |
| Address of Injured person: |  |
| Nature of incident/accident: |  |
| Details of Accident(Give details of how and precisely where the incident/accident took place. Describe what activity was taking place, e.g. training game, getting changed, etc.) |  |
| Action takenWere any of the following contacted? | Police Yes NoAmbulance Yes NoParent/Guardian Yes No |
| Full details of actionIncluding any first aid treatment and the name(s) of the first aider(s): |  |
| Follow on care(What happened to the injured person following the incident/accident? e.g. went home, went to hospital, carried on with session): |  |

|  |  |
| --- | --- |
| Name of Witness 1 and contact number |  |
| Name of Witness 2 and contact number |  |
| Name of person in charge of session/competition |  |

All of the above facts are a true and accurate record of the incident/accident.

I understand that my personal information will be stored confidentially by the …?Judo Club and only passed on to the British Judo Association where appropriate relating to his accident/incident.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print)

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Club: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please keep this form safe, copy and send to the national Safeguarding officer.