

First Aid administered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	First aid refused?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of first aider					

Immediate Action Taken (or any other relevant information)

Was the injured person sent to Hospital?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was the injured person advised to go to hospital?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Method of transport?		

Club Details

Club name	
Instructors name	
Contact Number	

Name and address of person submitting the report form

Name
Address
Tel Number

The above details are a true and accurate account of what happened