



# NETSUI-DO KARATE ASSOCIATION

## Record of accident form

(Use this form to report any accidental injury/illness/medical incident)

Name of person injured/unwell: .....

School: ..... Age: ..... DOB: .....

Name of person completing report: .....

Details of accidental injury/medical incident:

Date of incident: ..... Location of incident: .....

Time of incident: .....

Witnesses (if applicable): .....

Description of incident (sequence of events of accidental injury/medical incident):

Type of injury sustained (if applicable): .....

Type of first aid administered (if applicable): .....

Was ambulance called? (please tick): Yes ..... No .....

If Yes, name of hospital: .....

Has parent/guardian been informed? (please tick): Yes ..... No .....

*Inform the health and safety advisor and/or chief instructor in the case of a serious accidental injury or illness.*

*Place a copy of this form on the medical incident file.*