This form is to be completed by all societies/clubs with regard to ANY accident within 24hours (or immediately on return from a trip).

**IF** **NO** accidents have occurred, complete Section 1 & 2, and the disclaimer at the end. Please return a signed copy within 7 days of return.

***An ACCIDENT is anything that requires medical treatment***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Society/ Club Name** |  | | | | |
|  | | | | | |
| 1. **Authorised Trip Leader / Organiser / Team Captain** | | | | | |
|  | | | | | |
|  | | | | | |
| 1. **Date of Incident** | |  | 1. **Time of Incident** | |  |
|  | | | | | |
| 1. **Names of Individuals Concerned & Warwick Card No (Where appropriate)** | | | | | |
|  | | | |  | |
|  | | | | | |
| 1. **Nature & cause of Accident and Extent of Injury (Please give as much detail as possible)** | | | | | |
|  | | | | | |
|  | | | | | |
| 1. **Action Taken** | | | | | |
|  | | | | | |

**IF NO ACCIDENT HAS OCCURRED:**

**I……………………………………………..(PRESIDENT/TOUR LEADER) DECLARE THAT THERE HAVE BEEN NO ACCIDENTS/INCIDENTS THAT HAVE OCCURRED ON THIS TRIP.**

**DATE………………………………..**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FOR OFFICE USE ONLY** | | | | |
| **Date Received** |  | | | |
| **Action Taken** | | | | |
|  | | | | |
| **Signed 🖎** | |  | **Date** | **/ /** | |
| Societies Coordinator/Sports Administration/  Relevant Officer/Manager  **Copy to Facilities and Safety Administrator** | | | | |