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**INDEPENDENT SCHOOLS FOOTBALL ASSOCIATION**

**ACCIDENT/INCIDENT REPORT FORM**

**Event**

**Date**

**Venue**

**Person(s) Reporting the Incident**

**Name of Young Person(s)**

**Approximate time of Incident**

**What happened?**

**What action was taken?**

**Prevention of future risk**

**Has the parent(s) been informed?**

**Has the School been informed?**

**Date**

***Upon completion, please send this form to the ISFA Welfare Officer***

***Welfare Officer: Denis Lawrence***

***Email: welfare@isfa.org.uk***

***Tel: 07930 857723***