

C.M.A.A. ACCIDENT/INCIDENT REPORT FORM

(A copy of the Completed form must be sent to the C.M.A.A. office)

Details of person completing this report

Full name

Student/Instructor/Level 1 , 2. (circle relevant category)

Name of Club

Signature

Date

Details of accident/incident

What happened. Give cause (how and why) if known

When it happened: date

time

Where it happened

Details of any persons injured

Full name

Student/Visitor/Instructor (circle relevant category)

Address & postcode if visitor

Telephone contact number

Nature of injury

Treatment given

Treatment given by

Taken to hospital - Yes/No

If yes, which hospital and how taken