



Perkins Slade
Incident Notification Advice Form for
Club Incidents Only

Please return form to:
 David Strain
 British Judo Association
 Suite B, Technology Centre
 Epinal Way
 Loughborough
 LE11 3GE

DETAILS

CLUB NAME.....NUMBER.....
 ADDRESS.....

INCIDENT/ACCIDENT

TIME..... DATE.....
 INJURED PERSON: NAME.....
 OCCUPATION.....
 LICENCE No.
 GRADE.....WEIGHT.....
 OPPONENT: NAME
 LICENCE No.
 GRADE.....WEIGHT.....

WITNESSES

CLUB HEAD COACH.....COACH I/C INCIDENT.....
 OTHER PERSON.....
 DESCRIPTION OF WHAT OCCURRED INCL. ANY ALLEGATION OF PROFESSIONAL NEGLIGENCE

MEDICAL

WAS FIRST AID ADMINISTERED ON SITE?

Yes	No
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 STATE IF SENT TO HOSPITAL

Yes	No
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 BRIEF DESCRIPTION OF INJURY:

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ATTACH ACCIDENT REPORT.

OFFICIALS SIGNATURES (I CONFIRM THE ABOVE INFORMATION IS TO THE BEST OF MY KNOWLEDGE ACCURATE)

NAME: POSITION:.....SIGNATURE:.....

- INJURIES TO BE RECORDED ON THIS FORM MUST INCLUDE:**
- ANY FRACTURE OR SUSPECTED FRACTURE (other than to toes, fingers, thumbs)
 - DISLOCATION OR SUSPECTED DISLOCATION OF THE SHOULDER, HIP, KNEE, SPINE.
 - INJURY INVOLVING EITHER REFERRAL TO OR ACTUAL HOSPITAL TREATMENT.
 - ANY OTHER SERIOUS INJURY THAT IN THE OPINION OF THE CLUB OUGHT TO BE REPORTED. THIS IS PARTICULARLY RELEVANT WHERE MINORS ARE INVOLVED.
 - ANY HEAD INJURY
 - UNCONSCIOUSNESS