



## Accident Report Form

Date of Accident: \_\_\_\_\_

Venue: \_\_\_\_\_

Type of Accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By Whom: \_\_\_\_\_

\_\_\_\_\_

Name and Signature of Injured Person: \_\_\_\_\_

\_\_\_\_\_

Address and Telephone number of Injured Person \_\_\_\_\_

\_\_\_\_\_

Name and Signature of Teacher: \_\_\_\_\_

\_\_\_\_\_

Name and Signature of Witness: \_\_\_\_\_

\_\_\_\_\_

Address and telephone number of Witness: \_\_\_\_\_

\_\_\_\_\_

***Please send the completed form as soon as possible to the Panache Dance Fitness***

**30 Leckhampton Rd,**

Blackpool

FY1 2NA

info@panachedancefitness.co.uk