ACCIDENT REPORT FORM

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| **INJURED PARTY** |
| **Name:**  |  |
| **School/Club:** |  |
| **Home Address:** |  |

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| **ACCIDENT DETAILS** |
| **Form Completed By:** |  |
| **Coach in Attendance:** |  |
| **Accident Time & Date:** | **Location of Accident:** |
| **Time Reported:** | **Reported by who:** |
| **Nature of Injury:** | **How accident happened** (Describe what activity was taking place, for example training/game/getting changed) |
| **Name and contact details of witnesses:** |  |

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| --- | --- |
| **First Aid Involved?** Yes / No | If Yes, **by Who?** |
| **Were the following contacted:** | **Police** Yes / No**Ambulance** Yes / No |
| **Referred to Designated Person?** Yes / No | If Yes, **Signature of Designated Person & Date** |
| **Parents Informed?** Yes / No  | (If Yes) **by Who & When?** |
| **Has Young Person returned to club?** Yes / No |  |
| **Any further action to be taken?** Yes / No | If Yes, **What further action?** |
| **Management Representative**SignaturePrint NamePosition |

**All information outlined above is a true record of the accident/incident.**

**Signed: Date:**

**Name:**