

Accident reporting form

In the event of an accident, the following procedure should be followed by the club or organisation:

- Fill in 2 copies of the Accident reporting form for **ALL** accidents.
- Make contact with parents/guardians.
- One copy of form to incident book/folder.
- Forward 1 copy to designated person for record keeping/action required.
- Contact emergency services/GP if required.
- Record in detail all facts surrounding the accident, witness's etc.
- Any further action.

Name of organisation:

Coach in attendance:

• Sign off on any action required from senior management officer.

Address:	
Day time/ evening Tel No:	
Email address:	
Injured person information:	
Name of injured child/young person:	
Address:	



Date of birth:			
Gender:	Male /	Female	
Accident information:			
(To be recorded by organisat	tion/club and sh	ared with relevant staff a	nd
parents/carers)			
Date of accident:		Time of accident:	
Date reported:		Time reported:	
Date reported.		Time reported.	
Accident reported by who:			
Location of accident:	2		
Details of injury:	الرجو		
Nature and how accident happened:	R		
Did anyone witness the accident:	Yes /	No	



returned to the

	(If Yes, state witness name/s and details below)		
Name of witnesses:			
First aid involved:			
(please provide details)			
Parents/carers notified:	Yes / No		
	(If Yes, by whom and when below)		
Parents/carers notified by whom and when:			
Form completed by:			
Recommended action to be taken:			
be taken.			
Refer to designated Person's:	Yes / No		
r craon s.			
	(If Yes, signature and name below)		
Signature:			
Print name:			
Has the young person	Yes / No		
0 0	,		



organisation?		
Signature of management representative:		
Print name:	`	
Role within organisation:		