

ACCIDENT REPORT

Name of Club -				
Coach in Attendance:				
INJURED PARTY				

Name:			
School/club:			
Home address:			

ACCIDENT DETAILS					
Form Completed By:					
Date:	Exact Location:				
Time:	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:					

First Aid Involved?	□ Yes	🗆 No		
Were the following	Police			
contacted:	Ambulance			
First Aid Involved?	□ Yes	□ No		
Were the following	Police			
contacted:	Ambulance			
Parents Informed? □ Yes □ No	By whom:			
	When:			
Referred to Designated Person?	□ Yes	□ No		
Designated Person's Signature			Date:	
Any further action to be taken?				
Has Young Person returned to <i>NAME OF CLUB</i> ?	Signature of Management Representative			
□ Yes □ No				
	Print name		Position	

All of the above facts are a true record of the accident/incident.

Signed: ______Date: _____

Name: _____