**Accident Report Form**

|  |
| --- |
| ***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 |
|  |
| **What is the injury:** | **Describe the injury type? i.e. where on body is injured (left wrist), cut, bruise, broken bone, concussion?** |
| **Name and contact details of witnesses:** |  |
|  |
|  |
|  |
| **First Aid Involved?** | [ ] **Yes [ ]  No** | **If yes by who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Were the following contacted:** | **Police** [ ] **Ambulance [ ]**  | **Did they go to hospital?****Yes** [ ]  No [ ]  |
| **Parents Informed?****[ ]  Yes [ ]  No** | **By whom:** |
| **When:** |
| **Referred to Club Child Welfare Office (CWO)?** | [ ] **Yes [ ]  No** |
| **CWO Signature** |  | **Date:** |
| **Any further action to be taken?** |  |
| **Has Young Person returned to *NAME OF CLUB*?**[ ] **Yes [ ]  No** |  |  |  |
| **Signature of Management Representative** |
| **Print name Position** |

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

Signed: Date:

Name:

(In the event of an accident occurring through insufficient training or faulty equipment/facilities, follow up action to include completion of Risk Assessment Form**(Template 18)**).