

# SAMPLE INCIDENT & ACCIDENT REPORT FORM

## COACH IN ATTENDANCE

## ACCIDENT/INCIDENT DETAILS

Form Completed By:	
Date:	Exact Location:
Time:	Time Reported:
Reported by who:	
Nature of Accident/Incident:	How accident happened: Describe what activity was taking place, for example training/game/getting changed

## INJURED PARTY DETAILS

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

School/club: \_\_\_\_\_

Home address: \_\_\_\_\_

### Parent/Guardian Details

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Witness account of the Accident/Incident:

Name and contact details of witnesses:

Please provide details of any person involved in this incident or alleged to have caused the incident /accident:

Name: \_\_\_\_\_

Position within the club or relationship to the child: \_\_\_\_\_

Date of birth (if child): \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

## ACTIONS INVOLVED

First Aid Involved?	<input type="radio"/> Yes <input type="radio"/> No
Were the following contacted:	Police _____ Ambulance _____
Parents Informed?	<input type="radio"/> Yes <input type="radio"/> No By whom: _____ When: _____
Referred to Designated Person?	<input type="radio"/> Yes <input type="radio"/> No
Designated Person's Signature	_____ Date: _____

Any further action to be taken?	
Has Young Person returned to NAME OF CLUB?	<input type="radio"/> Yes <input type="radio"/> No  Signature of Management Representative: _____ Print name: _____ Position: _____

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

Signed

Print name

Date

\_\_\_\_\_

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