**Accident Report Form**

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| --- |
| ***[INSERT NAME OF CLUB]*** |
| **Coach in attendance:** |  |

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| --- |
| **INJURED PARTY** |
| **Name:** |  |
| **Club:** |  |
| **Home address:** |  |

|  |
| --- |
| **ACCIDENT DETAILS** |
| **Form Completed By:** |  |
| **Date:** | **Exact Location:** |
| **Time:** | **Time Reported:** |
| **Reported by, name:** |
| **Nature of Injury:** | **How accident happened:**Describe what activity was taking place, for example training/event/getting changed |
|  |
| **Name and contact details of witnesses** |  |
|  |
|  |
|  |
| **First Aid Involved?** | [ ]  **Yes [ ]  No** |

|  |  |
| --- | --- |
| **Were the following contacted:** | **Police** [ ]  **Ambulance [ ]**  |
| **Parent/Carer Informed?****[ ]  Yes [ ]  No** | **By whom:** |
| **When:** |
| **Referred to Designated Safeguarding/ Children’s Officer (DSCO)?** | [ ]  **Yes [ ]  No** |
| **DSCO Signature** |  | **Date:** |
| **Any further action to be taken?** |  |
| **Has the injured person returned to *the 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**.**