



ACCIDENT REPORT FORM

Accident Report Form

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

1. Fill in 2 copies of this form for **all** accidents.
2. Make contact with parents / carers.
3. Add 1 copy of form to incident book / folder.
4. Forward 1 copy to designated person for record keeping / action required.
5. Contact emergency services / GP if required.
6. Record in detail all facts surrounding the accident, including witnesses, etc.
7. Any further action.
8. Sign off on any action required from senior management officer.

Contact information – responsible adult	
Name of coach in attendance	
Address	
Contact number(s)	
Email	
Name of organisation	

Injured person information – child / young person				
Name				
Address				
Date of birth				
Gender	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Non-binary <input type="checkbox"/>	Another description (please state) <input type="checkbox"/>
Has the child / young person returned to the organisation following the accident?	No <input type="checkbox"/>		Yes <input type="checkbox"/>	
Accident information				
Date of accident			Time of accident	

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Date reported		Time reported	
Who reported the accident?			
Location of accident			
Details of injury			
Nature of and how accident happened			
Did anyone witness the accident?	No <input type="checkbox"/>	Yes – please give name(s) and details of witness(es) <input type="checkbox"/>	
Was first aid involved?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>	
Have parents / carers been notified?	No <input type="checkbox"/>	Yes – please state by whom and when <input type="checkbox"/>	
Recommended action to be taken			
Referred to designated person(s)?	No <input type="checkbox"/>	Yes – please have them sign declaration at end <input type="checkbox"/>	
Form completed by (print your name)			
Your signature	✕		

Declaration – designated person	
Signature of management representative	✕
Print name	
Role within organisation	
Today's date	