

**Appendix 6**

**ACCIDENT 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 |  |
|  |  |
| **Name and contact details of witnesses** |  |  |
|  |  |
|  |  |
|  |  |
| **First Aid Involved?** |  **Yes No** |  |
| **Were the following contacted:** | **Police**  **Ambulance**  |  |
| **Parents Informed?** **Yes No** | **By whom:** |  |
| **When:** |  |
| **Referred to Designated Liaison Officer (DLP)?** |  **Yes No** |  |
| **DLP 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