

**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