



Accident reporting form

In the event of an accident, the following procedure should be followed:

- Fill in the Accident reporting form for **ALL** accidents.
- Make contact with parents/guardians.
- Forward the form to Sheila Dickie in the SCB Office for record keeping/action required
- Contact emergency services/GP if required.
- Record in detail all facts surrounding the accident, witness's etc.
- Sign off on any action required from senior management officer.

Coach/es in attendance:	
Address Head Coach:	
Day time/ evening Tel No:	
Email address:	

Injured person information:	
Name of injured child/young person:	
Address:	
Date of birth:	
Age:	
Gender:	Male / Female

Accident information: <i>(To be recorded by organisation/club and shared with relevant staff and parents/carers)</i>			
Date of accident:		Time of accident:	
Date reported:		Time reported:	
Accident reported by who:			
Location of accident:			

Details of injury:	
Nature and how accident happened:	
Did anyone witness the accident:	Yes / No <i>(If Yes, state witness name/s and details below)</i>
Name of witnesses:	
First aid involved: <i>(please provide details)</i>	
Parents/carers notified:	Yes / No <i>(If Yes, by whom and when below)</i>
Parents/carers notified by whom and when:	
Recommended action to be taken:	
GP/Emergency services contacted:	Yes / No <i>(If Yes, record details below)</i>
Details:	
Form completed by:	
Signature:	

Signature of management representative:	
Print name:	
Role within organisation:	
Date:	