



# ACCIDENT / INCIDENT REPORT FORM

## 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 <sup>i</sup>   | Female<br><input type="checkbox"/> -                              | Male<br><input type="checkbox"/> - | Non-binary<br><input type="checkbox"/> - | Another description (please state)<br><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 |  |
| Date reported    |  | Time reported    |  |

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