

**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.

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

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

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| **Accident information:** *(To be recorded by organisation/club and shared with relevant staff and parents/carers)* |
| **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*(If Yes, state witness name/s and details below)* |
| **Name of witnesses:** |  |
| **First aid involved:***(please provide details)* |  |
| **Parents/carers notified:** | Yes / No(*If Yes, by whom and when below)* |
| **Parents/carers notified by whom and when:** |  |
| **Recommended action to be taken:** |  |
| **GP/Emergency services contacted:** | Yes / No(If Yes, record details below) |
| **Details:** |  |
| **Form completed by:** |  |
| **Signature:** |  |

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