



_ACCIDENT / INCIDENT REPORT FORM

(TO BE USED FOR MEDICAL/DISCIPLINE/CHILD PROTECTION ISSUES)

NAME OF CLUB	COACH / LEADERS NAME
VENUE OF ACCIDENT/INCIDENT	NAME OF INJURED PERSON
TIME OF ACCIDENT/INCIDENT	ADDRESS OF INJURED PERSON
NAME OF INDIVIDUALS WHO DEALT WITH ACCIDENT/INCIDENT	
NATURE OF ACCIDENT/INCIDENT AND EXTENT OF INJURY	
DETAILS LEADING UP TO ACCIDENT/INCIDENT	
DETAILS OF ALL CLUB MEMBERS INVOLVED	

DETAILS OF ACTION TAKEN, INCLUDING ANY FIRST AID TREATMENT

WERE ANY OF THE FOLLOWING CONTACTED?

Police ☐ Ambulance ☐ Parent/Guardian/Carer ☐ Doctor ☐

ALL OF THE ABOVE FACTS ARE A TRUE AND ACCURATE RECORD OF THE ACCIDENT/INCIDENT

Signed Coach / Adult: _____ **Date** _____

Signed First Aider: _____ **Date** _____