|  |  |
| --- | --- |
| **Coach/Leader in Attendance:** |  |

|  |  |
| --- | --- |
| **INJURED PARTY** | |
| **Name:** |  |
| **Home address (if known):** |  |
| **Contact no:** |  |

|  |  |  |
| --- | --- | --- |
| **ACCIDENT DETAILS** | | |
| **Form Completed By:** |  | |
| **Date:** | | **Exact Location:** |
| **Time:** | | **Time Reported:** |
| **Reported by who:** | | |
| **Nature of Injury:** | **How accident happened:** | |
| **Name and contact details of witnesses:** |  | |
| **First Aid Involved?** | **Yes  No** | |
| **Emergency Services Involved?** | **Yes  No** | |
| **Part of body affected: (shade all that apply)** | Nature of injury: (mostserious one)  􀂉 Abrasion, scrapes  􀂉 Broken bone  􀂉 Bruise  􀂉 Burn (heat)  􀂉 Concussion (to the head)  􀂉 Cut, laceration, puncture  􀂉 Hernia  􀂉 Illness  􀂉 Sprain, strain  􀂉 Other \_\_\_\_\_\_\_\_\_\_\_ | |
| **Referred to Designated Person? (Head Coach)** | **Yes  No** | |
| **Designated Person’s Signature** | **Date:** | |
| **Any further action to be taken?** |  | |

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).