

Injury Reporting Form

In the event of an accident, the following procedure should be followed by the club or organisation:

1. Fill in 2 copies of this form for **all** injuries.
2. Make contact with parents / carers.
3. Add 1 copy of form to incident book / folder.
4. Forward 1 copy to designated person for record keeping / action required.
5. Contact emergency services / GP if required.
6. Record in detail all facts surrounding the accident, including witnesses, etc.
7. Any further action.
8. Sign off on any action required from senior management officer.

Contact information – responsible adult	
Name of coach in attendance	
Address	
Contact number(s)	
Email	
Name of organisation	

Injured person information – child or vulnerable person				
Name				
Address				
Date of birth				
Gender	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Non-binary <input type="checkbox"/>	Another description (please state) <input type="checkbox"/>
Has the child or vulnerable 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	
Who reported the accident?			
Location of accident			
Details of injury			
Nature of and how accident happened			
Did anyone witness the accident?	No <input type="checkbox"/>	Yes – please give name(s) and details of witness(es) <input type="checkbox"/>	
Was first aid involved?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>	
Have parents / carers been notified?	No <input type="checkbox"/>	Yes – please state by whom and when <input type="checkbox"/>	
Recommended action to be taken			
Referred to designated person(s)?	No <input type="checkbox"/>	Yes – please have them sign declaration at end <input type="checkbox"/>	
Form completed by (print your name)			
Your signature	x		

Declaration – designated person	
Signature of management representative	x
Print name	
Role within organisation	
Today's date	