

ACCIDENT/INCIDENT REPORTING FORM

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

- Fill in 2 copies of the Accident/Incident reporting form for ALL accidents/incidents.
- Make contact with parents/guardians of the child or children concerned and provide them with a copy of this form.
- Place 1 copy of the form in the accident/incident book.
- Forward 1 copy to designated person for record keeping/action required.
- Contact emergency services/GP if required.
- Record in detail all facts surrounding the accident, witness's etc.
- Any further action.
- Sign off on any action required from senior individual within the organisation.

NAME OF ORGANISATION:	
Coach in attendance:	
Address:	
Telephone number	
Email address	

INJURED PERSON INFORMATION		
Name of individual:		
Address:		
Telephone number		
Gender		

INCIDENT/ACCIDENT DETAILS- TO BE COMPLETED BY ORGANISATION PERSONNEL & SHARED WITH RELEVANT PARTIES E.G. PARENTS/GUARDIANS AND MEDICAL STAFF IF NECESSARY

Date of incident/accident:	Time of incident/accident:
Date & time reported:	Reported by:
Where did the accident/incident take place?	

Details of injury:			
How did it happen?			
Did anyone witness the accident or incident? If so, please p	provide their contact information below:		
Dia anyone withess the account of melacity in so, please p	Novide their contact mormation below.		
Name of witness:			
Address:			
Contact number:			
Email address:			
Name of witness:			
Address: Contact number:			
Email address:			
Was first aid administered? If so, please detail what this en	tailed and by whom it was provided:		
Was further medical intervention required? If so, please pro	ovide details.		
I CONFIRM THAT THE INFORMATION CONTAINED WITHIN THIS	NACIIMENT IS ACCURATE AND CORRECT		
Form completed by: (PRINT NAME)	Signature:		
Date:	Is further action required? If so, please detail what and		
	who is responsible.		
Circulture of moment (mondian)			
Signature of parent/guardian:	the SC1 incident referral form and forward to relevant		
Is a safeguarding referral necessary? If so, please complete the SG1 incident referral form and forward to relevant parties e.g. police, social services, FAW Safeguarding.			
Has the young person returned to the organisation?			
Signed by senior individual:	Full name:		
Role within organisation:			