

ACCIDENT REPORTING FORM

“NAME OF CLUB”

COACH IN ATTENDANCE

INJURED PARTY

Name:

School

Address

ACCIDENT DETAILS

Date

Time

Exact Location

Injury

How accident happened

Severity

Minor

Considerable

Severe

First Aid Involved?

Yes

No

Parents informed?

Yes

No

By whom

Form Completed By

Refer to designated person

Yes

No

Designated Person's signature

Record any further action to be taken	
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