**Template Accident reporting form**

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

* Fill in 2 copies of the Accident reporting form for **ALL** accidents.
* One copy of form to incident book/folder.
* 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 management officer.

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| --- | --- |
| **Name of Organisation** | |
| **Address:** |  |
| **Email Address:** |  |

|  |  |
| --- | --- |
| **Injured person information:** | |
| **Address:** |  |
| **Date of birth:** |  |
| **Gender:** | Male / Female |

|  |  |  |  |
| --- | --- | --- | --- |
| **Accident information:** | | | |
| **Date of accident:** |  | **Time of accident:** |  |
| **Date reported:** |  | **Time reported:** |  |
| **Accident reported by who:** |  | | |
| **Location of accident:** |  | | |
| **Details of injury:** |  | | |
| **Nature and how accident happened:** |  | | |
| **Did anyone witness the accident:** | Yes / No  *(If Yes, state witness name/s and details below)* | | |
| **Name of witnesses:** |  | | |
| **First aid involved:**  *(please provide details)* |  | | |
| **Parents/carers notified by whom and when:** |  | | |
| **Form completed by:** |  | | |
| **Recommended action to be taken:** |  | | |
| **Refer to designated Person’s:** | Yes / No  (If Yes, signature and name below) | | |
| **Signature:** |  | | |
| **Print name:** |  | | |

|  |  |
| --- | --- |
| **Has the person returned to the organisation:** | Yes / No |
| **Signature of management representative:** |  |
| **Print name:** |  |
| **Role within organisation:** |  |