St. Mary’s Football Club

**Accident and Incident Reporting**

Coach/Volunteer in Attendance:

**Injured Party**

Name:

Home Address:

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| **Accident Details** |
| Form completed by: |
| Date: | Exact location: |
| Time: | Time reported: |
| Reported by who: |
| Nature of injury: | How accident happened:Describe what activity was taking place, for example training/game/getting changed |
| Name and contact details of witnesses: |
| First Aid involved? | ☐ Yes ☐ No |
| Were the following contacted? | Ambulance ☐ Police ☐ |
| Parents informed? ☐ Yes ☐ No By who?When? |
| Referred to a designated person? | ☐ Yes ☐ No |
| Designated person’s signature: | Date: |
| Any further action to be taken? |
| Has young person returned to St. Mary’s Football Club?Signature of management representative: | ☐ Yes ☐ No |
| Print Name: | Position: |

All of the above facts are a true record of the accident/incident.

Signed: Date:

Name: