St. Mary’s Football Club

**Accident and Incident Reporting**

Coach/Volunteer in Attendance:

**Injured Party**

Name:

Home Address:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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: