|  |  |
| --- | --- |
| ***Name/age of Team*** | |
| **Manager in Attendance:** |  |

|  |  |
| --- | --- |
| **INJURED PARTY** | |
| **Name:** |  |
| **Home address:** |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **ACCIDENT DETAILS** | | |
| **Form Completed By:** |  | |
| **Date:** | | **Exact Location:** |
| **Time:** | | **Time Reported:** |
|  | | |
| **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** | |
| **Parents Informed?**  **Yes  No** | **By whom:** | |
|  | **When:** | |
| **Any further action to be taken?** |  | |
|  | **Signature of Management Representative** | |
|  | **Print name Position** | |

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

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_