|  |
| --- |
| ***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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_