



## ACCIDENT AND/OR INCIDENT REPORT FORM

About the person who had the accident	
<b>Full Name:</b>	
<b>Address:</b>	
<b>Postcode:</b>	<b>Age if under 16:</b>
<b>Occupation:</b>	
<b>Activity being undertaken at time of the accident:</b>	

About the accident/incident – when and where	
<b>Date it took place:</b>	<b>Time:</b>
<b>Name &amp; address of facility where it took place:</b>	
<b>Detail how the accident happened, what was the cause:</b>	
<b>Nature of the injury, including location on body:</b>	
<b>Witness name(s) and address(es):</b>	
<b>Police called Yes / No</b>	<b>Ambulance called Yes / No</b>
<b>Manager informed Yes / No</b>	<b>Centre</b>
<b>Parents informed Yes / No</b>	<b>Facility Accident Book completed Yes / No</b>
<b>Details of any first aid given and any other action taken:</b> <i>(continue on the back of this form if necessary)</i>	

**Section to be completed by supervising coach or person reporting the accident / incident**

<b>I confirm that the above details are correct and accurate to the best of my knowledge</b>	
<b>Print Name:</b>	
<b>Signature:</b>	<b>Date:</b>