

Template Accident Report Form

<i>Tri Limits</i>	
Coach in Attendance:	

INJURED PARTY	
Name:	
School/club:	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were the following contacted:	Police <input type="checkbox"/> Ambulance <input type="checkbox"/>
Parents Informed?	By whom:

<input type="checkbox"/> Yes <input type="checkbox"/> No	When:
Referred to Designated Safeguarding Children Officer (DSCO)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DSCO Signature	Date:
Any further action to be taken?	
Has Young Person returned to <i>NAME OF CLUB</i>? <input type="checkbox"/> Yes <input type="checkbox"/> No	<hr/> Signature of Club Representative <hr/> Print name Position

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

Signed: _____ Date: _____

Name: _____

(In the event of an accident occurring through insufficient training or faulty equipment/facilities, follow up action to include completion of Tri Limits Risk Assessment Form.)