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| **ACCIDENT/INCIDENT REPORTING FORM** | |
| In the event of an accident, the following procedure should be followed by the organisation:   * Fill in 2 copies of the Accident/Incident reporting form for ALL accidents/incidents. * Make contact with parents/guardians of the child or children concerned and provide them with a copy of this form. * Place 1 copy of the form in the accident/incident book. * Forward 1 copy to designated person for record keeping/action required. * Contact emergency services/GP if required. * Record in detail all facts surrounding the accident, witness's etc. * Any further action. * Sign off on any action required from senior individual within the organisation. | |
| **Name of organisation:** | |
| Coach in attendance: | |
| Address: | |
| Telephone number |  |
| Email address |  |

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| **Injured person information** | |  |
| Name of individual: |  |  |
| Address: | |  |
| Telephone number |  |  |
| Gender |  |  |

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| **Incident/Accident details-** to be completed by organisation personnel & shared with relevant parties e.g. parents/guardians and medical staff if necessary | |
| Date of incident/accident: | Time of incident/accident: |
| Date & time reported: | Reported by: |
| Where did the accident/incident take place? | |

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| Details of injury: | | |
| How did it happen? | | |
| Did anyone witness the accident or incident? If so, please provide their contact information below: | | |
| Name of witness: Address:  Contact number:  Email Address: | | |
| Name of witness: Address:  Contact number:  Email address: | | |
| Was first aid administered? If so, please detail what this entailed and by whom it was provided: | | |
| Was further medical intervention required? If so, please provide details. | | |
| **I confirm that the information contained within this document is accurate and correct** | | |
| Form completed by: (PRINT NAME) | Signature: | |
| Date: | Is further action required? If so, please detail what and who is responsible. | |
| **Signature of parent/guardian:** |  | |
| Is a safeguarding referral necessary? If so, please complete the SG1 incident referral form and forward to relevant parties e.g. police, social services, FAW Safeguarding. | | |
| Has the young person returned to the organisation? | | |
| Signed by senior individual: | | Full name: |
| Role within organisation: | |  |