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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.
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| **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:  |   |