



ACCIDENT REPORT FORM

(Designated First Aid Officer -)

Location of Accident _____

Coaches or Committee Members In Attendance

Name of Injured _____ Tel No. _____

Home Address _____

Name of Family Doctor _____

Names & Addresses of Witnesses

Accident Report

Date _____ Time _____

Accident Location _____

Accident Details

Action Taken _____

Name of Doctor/Hospital Contacted _____

Accident Reported To: (Coach/Committee Member Name)

Signed _____ Date _____

Follow-Up Action



INCIDENT REPORT FORM

Location of Incident _____

Date Of Incident _____ Time of Incident _____

Type of Incident (i.e. Fighting, Drugs, Theft, Bullying etc)

Staff/Coaches on Duty _____

Names of Persons Directly Involved in Incident

Names of Eyewitnesses

Detailed Description of Incident

Action Taken

Incident reported to: (Staff/Committee Member) _____

Signature of Duty Staff/Coach _____ Date _____

Follow-Up Action

