



4.2b ACCIDENT REPORT FORM

Name and location of facility where accident occurred:		
Full name of coach supervising the session*:		
Full name of injured person:		
Age of the injured person:		
Date of incident:	Time of incident:	
Nature of injury/accident:	Injury location on body:	
Action taken/details of first aid given:	Injuries/after effects which developed later:	
Details of the incident including the nature of the activity, when and where it occurred:		
Witness name(s) and address(es):		
Ambulance called? Yes/No	Parents informed? Yes/No	Police called? Yes/No
Facility accident book completed? Yes / No	Facility Supervisor Informed? Yes / No	
Additional Notes:		
Section to be completed by the supervising coach*		
I confirm that the above details are correct and accurate to the best of my knowledge		
Print name:	Signature:	Date:
Please ensure that this form is completely legible, signed and dated and return to: Club Secretary, Mrs Jo Stevenson, 78 Ilchester Road, Yeovil, Somerset, BA21 3BL		

* Or team captain if the accident took place before, during or after a senior match