



ACCIDENT REPORTING FORM

These fields MUST be completed

The Accident Report Form must be completed as follows:

- Coach of Team / Individual
- Injured Party's Name
- Injured Party's Date of Birth and Address
- FULL details of time, location, nature of injury
- Severity of injury
- First Aid and Medical Attention Provided
- Parents/Guardians informed
- Contact Details and Signatures of Witnesses
- The form MUST be signed by Coach AND the Individual completing form
- The form MUST be signed by a Parent/Guardian if the injured party is under 18 years of age

All forms will be forwarded to the relevant Designated Officer as soon as possible on completion. The purpose of this is so that all records can be kept should the need arise to complete an Injury Claim for the individual(s) concerned.

Signed

(Runai) (Secretary)

ACCIDENT REPORT FORM

COACH IN ATTENDANCE:

INJURED PARTY

Name

Date of Birth

Age

Address

ACCIDENT DETAILS

Date

Time

Event

Exact location

Injury

How did the accident happen?

SEVERITY

Minor

Considerable

Severe

FIRST AID INVOLVED?

YES/NO

LOCAL OR GP MEDICAL ATTENTION REQUIRED?

YES/NO

WAS HOSPITAL TREATMENT REQUIRED?

YES/NO

If injured party is Under 18: WAS PARENT/GUARDIAN INFORMED? YES/NO	
HOW WAS PARENT INFORMED?	
Any additional information:	
WITNESSES:	
Witness 1	
Name	
Address	
Contact No.	
Signature	
Witness 2	
Name	
Address	
Contact No.	
Signature	
FORM COMPLETED BY (Please Print)	
Signed by individual who completed the form.	Date
Signed by injured party:	Date
Signed by Parent/Guardian if injured party is under 18 years old	Date