**Accident Reporting Form**



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| About the person who had the accident |
| **Full Name** |  |
| Address |  |
|  |
| **Postcode** |  | **Age if under 16** |  |
| **Occupation** |  |
| **Activity being undertaken at time of the accident** |  |

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| **About the Accident – when and where** |
| **Date it took place** |  | **Time** |  |
| **Where it took place;****Room or location** |  |

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| **About the person reporting the accident (if not the same as above)** |
| **Full Name** |  |
| **Address** |  |
|  |
|  |
| **Postcode** |  | **Age if under 16** |  |
| **Occupation** |  |
| **Role being undertaken at time of the accident** |  |
| **Signature** |  | **Date** |  |

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| **About the Accident – what happened** |
| **How did the accident happen?****What was the cause?** |  |
| If there were any injuries**- what were they?** |  |
| Signature of Coach |  |

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| **Signature of Parent/ Guardian** |  |

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| **Signature of Secretary** |  |

##### Additional Information