



Junior/Youth Accident Reporting Form

In the event of an accident, the following procedure **MUST** be followed by the club:

- Fill in copy of the Accident reporting form for **ALL** accidents.
- Make contact with parents/guardians.
- Contact emergency services if required.
- Record in detail all facts surrounding the accident, witness's etc.
- Contact venue.
- Once completed forward form to CWO
- CWO or designated person to follow up within 7 days
- Sign off on any action required from senior management officer.
- Report to UK W7's where applicable

| SESSION INFORMATION | |
|----------------------|--|
| Session Type: | |
| Location: | |
| Address: | |
| Coach In Attendance: | |
| Coaching Id Number: | |
| Telephone No: | |
| Email Address: | |

| INJURED PERSON INFORMATION: | |
|-------------------------------------|-------------------------|
| Name Of Injured Child/Young Person: | |
| Address: | |
| Date Of Birth: | |
| Gender: | Male / Female / Neutral |



| Accident information | | | |
|--|--|--------------------------|--|
| <i>(To be completed with as much detail as possible)</i> | | | |
| Date Of Accident: | | Time Of Accident: | |
| Date Reported: | | Time Reported: | |
| Accident Reported By: | | | |
| Location Of Accident: | | | |
| Details Of Injury: | | | |
| Nature And How Accident Happened: | | | |
| Did Anyone Witness The Accident: | Yes / No <i>(If Yes, state witness name/s and details below)</i> | | |
| Name Of Witnesses: | | | |
| First Aid Given: <i>(Please Provide Details)</i> | | | |
| Ambulance Called: | Yes / No | | |
| Sent To Hospital: | Yes / No | | |
| Parents/Carers Notified: | Yes / No <i>(If Yes, by whom and when below if No reason why)</i> | | |
| Parents/Carers Notified By Whom And When: | | | |
| Reason Not Notified: | | | |

| | |
|----------------------------|--|
| Form Completed By: | |
| Date Completed: | |
| Form Passed to CWO: | |
| Date Passed Over: | |
| Signature: | |
| Role Within Club: | |



| Follow Up | |
|--|--|
| <i>(To be completed within 7 days of accident)</i> | |
| Was Hospitalisation Required: | Yes / No |
| Seen By GP: | Yes / No |
| Was Further Treatment Required: | Yes / No <i>(if YES detail below)</i> |
| Treatment: | |
| Have They Returned To Club: | Yes / No <i>(if NO detail below)</i> |
| If No Why: | |
| Further Action Required: | Yes / No <i>(if YES detail below)</i> |
| Date To Be Completed By: | |
| Reported to UK W 7's: | Yes / No / Not Required |
| Completed By: | |
| Signature: | |
| Role Within Club: | |