Incident/Accident Reporting Form

November 2016

*This form should be used to record any incidents or accidents that occur at your club.*

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| **Your Name:** | **Young person’s name:** |
| **Your Role:** | **Team:** |
| **Your contact number: Address:** | |
| **Details of incident:** *include description of any injuries*  **Date/time of incident:** | |
| **Have the parents/carers been notified? If yes, what has been agreed?** | **Parent/Carer Name:** |
| **Has the incident been fully dealt with? How?** | |
| **Is any further action needed? Yes/No** | |

This form should be kept for a minimum of 3 years, unless the individual involved leaves the club.

Safe D - Incident/Medical Reporting Form