



DENMEAD BELLES



Denmead Belles Football Club **ACCIDENT REPORT FORM** (Confidential When Partially Completed)

Please use this form to report all accidents. This form should be used by the person reporting the accident. The team manager should be responsible for sending it to the first aid co-ordinator ASAP so that it can be identified and any action sanctioned at the next committee meeting.

N.B. An accident is an unplanned event where a person is injured.

1. **About the accident**

- a) When did it happen Date.....Time.....
- b) Where did it happen
(away or home match, on/off pitch etc)

.....
.....

2. **About the injured person**

- a) Full name.....
- b) Address.....
.....
- c) DOB/Age.....
- d) Male/ Female
- e) If a Player, were parents present Yes/No
- f) If Parents not present. Informed by Time.....

3) **About the injury**

- a) What was the injury and to what part of the body
.....
.....
- b) What first aid treatment was given
.....
.....
.....
.....



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c) Name of person/s who gave first aid

Name *(print)*..... Signature.....

Name *(print)*..... Signature.....

d) Describe what happened

(What happened and the events leading up to the accident)

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.....

4) **Witnesses**

(please give names and address of witnesses and if no witnesses then you should state this)

Name *(print)*.....

Address

5) **Person completing the form**

Name

Involvement with the club *(ie manager ,coach)*.....

Date

6) Recommendations to prevent similar accidents

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7) Action by committee

.....
.....

Title *(print)*.....

Name *(print)*.....

Signature.....

Title *(print)*.....

Name *(print)*.....

Signature.....