**Accident Report Form Template**

***“Name of GAA Handball Club”***

**Coach in Attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **INJURED PARTY** |
| **Name:** |  |
| **School/Club:** |  |
| **Home Address:** |  |
|  |
| **ACCIDENT DETAILS** |
| **Form Completed By:** |  |
| **Date:** | **Exact Location:** |
| **Time:** | **Time Reported:** |
| **Reported by who:** |  |
| **Nature of Injury:** | **How accident happened:**Describe what activity was taking place, for example training/game/getting changed |
| **Name and contact details of witnesses** |  |
| **First Aid Involved?** | [ ]  **Yes [ ]  No** |
| **Were the following contacted:** | **Police** [ ]  **Ambulance [ ]**  |
| **Parents Informed?****[ ]  Yes [ ]  No** | **By whom:** |
| **When:** |
| **Referred to Designated Safeguarding Children Officer (DSCO)?** | [ ]  **Yes [ ]  No** |
| **DSCO Signature** |  | **Date:** |
| **Any further action to be taken?** |  |
| **Has Young Person returned to *NAME OF CLUB*?** | [ ]  **Yes [ ]  No** |
| Signature of Management Representative |  |
| **Print Name:** **Position:** |

All of the above facts are a true record of the accident/incident.

Signed: Date:

Name: