**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: