ALTON FC (YOUTH)

Accident Report Form

|  |  |  |
| --- | --- | --- |
| NAME OF INJURED PERSON  |   |  |
| DATE  |   | TIME OF INCIDENT  |   |  |
| LOCATION  |   | EVENT  |   |  |
| WITNESSES  |   |   |  |
| PARENT / GUARDIAN PRESENT  |  Y N  | INFORMED  |  Y N  | TIME  |   |
| CONDITION OF PERSON PRIOR TO INCIDENT  |  |
| DETAILS OF INCIDENT  |  |
|   |  |
|   |  |
|   |  |
|   |  |
| IMMEDIATE ACTION TAKEN  |  |
|   |  |
|   |  |
|   |  |
| PROFESSIONAL MEDICAL TREATMENT (IF APPLICABLE)  |  |
|   |  |
|   |  |
| HOSPITAL / CENTRE ATTENDED  |   |  |
| NAME OF DOCTOR (IF APPLICABLE)  |   |  |
| POST INCIDENT NOTES  |  |
|   |  |
|   |  |
|   |  |
| SIGNATURE OF COACH / QUALIFIED FIRST AIDER  |  |
| SIGNATURE OF WITNESS  |  |
| SIGNATURE OF PARENT / GUARDIAN  |  |