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 | | | | | | | | | |  | |
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| IMMEDIATE ACTION TAKEN | | | | | | | | | |  | |
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| PROFESSIONAL MEDICAL TREATMENT (IF APPLICABLE) | | | | | | | | | |  | |
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|  | | | | | | | | | |  | |
| HOSPITAL / CENTRE ATTENDED | | | | | |  | | | |  | |
| NAME OF DOCTOR (IF APPLICABLE) | | | | | |  | | | |  | |
| POST INCIDENT NOTES | | | | | | | | | |  | |
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| SIGNATURE OF COACH / QUALIFIED FIRST AIDER | | | | | | | | | |  | |
| SIGNATURE OF WITNESS | | | | | | | | | |  | |
| SIGNATURE OF PARENT / GUARDIAN | | | | | | | | | |  | |