



Incident / Accident Report Form

Please ensure that this form is completely legible and is signed and dated.

<i>Name of facility</i>	
<i>Name of coach supervising the session</i>	
<i>Name of the injured person (if applicable)</i>	
<i>Date and time of incident</i>	
<i>Full details of the incident including how it happened, where it took place and what activity was taking place:</i>	
<i>Nature and extent of any injury (including location on body), action taken and treatment provided:</i>	
<i>Witness name(s) and address(es):</i>	
<i>Emergency Services called:</i> Yes / No	<i>Parent Informed:</i> Yes / No
<i>If applicable have any hazards been safely removed:</i> Yes / No / NA	<i>Date Form sent to Welfare Officer:</i>
<i>Other relevant information:</i>	

Section to be completed by supervising coach

I confirm that the above details are correct and accurate to the best of my knowledge.

<i>Print name:</i>	
<i>Signature:</i>	<i>Date:</i>