Accident Report Form

Crumlin Community Netball 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:**

Yes No	**When:**
Referred to Designated Safeguarding Children Officer (DSCO)	**Yes No**
DSCO Signature	Date:
Any further action to be taken?	
Has Young Person returned to *CCNC* **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: _____

(In the event of an accident occurring through insufficient training or faulty equipment/facilities, follow up action to include completion of Risk Assessment Form).