

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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|--|
| Were the following contacted: | Police <input type="checkbox"/> Ambulance <input type="checkbox"/> |
| Parents Informed? <input type="checkbox"/> Yes <input type="checkbox"/> No | By whom: |
| | When: |
| Referred to Designated Safeguarding Children Officer (DSCO)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| DSCO Signature | Date: |
| Any further action to be taken? | |
| Has Young Person returned to <i>NAME OF CLUB</i>? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Signature of Management Representative | Print Name: |
| | Position: |

All of the above facts are a true record of the accident/incident.

Signed: _____

Date: _____

Name: _____