

APPENDIX 10 – SAFEGUARDING



ACCIDENT/INCIDENT REPORT FORM

Coach / Member of Staff in attendance: _____

INJURED PARTY:

Name of Child:	
Date of Birth:	
Home address:	

ACCIDENT DETAILS:

Form completed by:	
Date and Time:	
Exact Location:	
Time Reported:	
Nature of Injury:	How accident happened (describe what activity was taking place, for example training/competition/getting changed)
Name and contact details of witnesses:	
First Aid involved:	Yes / No (<i>delete as appropriate</i>)
Were the following contacted?:	Police / Ambulance (<i>delete as appropriate</i>)

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Parents informed?:	Yes / No (<i>delete as appropriate</i>) If yes, by whom, and when:
Referred to Lead Safeguarding Officer:	Yes / No (<i>delete as appropriate</i>)
Lead Safeguarding Officer's Signature:	Dated:
Any further action to be taken?:	
Has injured party returned to training/programme?:	Yes / No (<i>delete as appropriate</i>)

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

Signed: _____
(to be signed by person completing form)

Print Name: _____

Dated: _ _ / _ _ / _ _

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