*Any accident report form must be completed if a young person needs medical (hospital) treatment or a spectator has been injured*

|  |  |
| --- | --- |
| Name and location of event |  |
| Full Name of the injured person, FAN (if known) |  |
| Full address of the injured person |  |
| Age of the injured person |  |
| Date of accident |  |
| Time of accident |  |
| Nature of injury, including location on body | |
| Nature of any injuries/after-effects which developed later: | |
| FULL details of the accident including: how it happened, what activity was being performed, where it happened (if off pitch) | |
| Witness name(s), FAN and address(es) | |
| Police called:  Yes No | Ambulance called:  Yes No |
| Facility manager informed:  Yes No | Facility accident book completed:  Yes No |
| Parent called:  Yes No |  |
| Details of first aid given | |
| Other actions | |
| Name and position of person completing this form |  |