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

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| --- | --- |
| 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 |  |