

PARKDALE SIDAC F.C.



CLUB INCIDENT / ACCIDENT REPORT FORM

Name of Person Reporting:		Date & Time incident / accident occurred:	
Address where incident / accident happened:		Capacity of Person Reporting (e.g. Coach, Welfare Officer etc.)	
Detail of Injured Person:			
Name:		Address	
Sex (M/F):			
Home Telephone:		Date of Birth:	
Name of Parent / Guardian:			
Type of injury:			
<input type="checkbox"/> None <input type="checkbox"/> Death <input type="checkbox"/> Fracture <input type="checkbox"/> Dislocation		<input type="checkbox"/> Burn / Scald <input type="checkbox"/> Cut / Scratch <input type="checkbox"/> Bruise / Swelling <input type="checkbox"/> Strain / Sprain	
<input type="checkbox"/> Shock <input type="checkbox"/> Puncture wound <input type="checkbox"/> Internal injury <input type="checkbox"/> Partial loss of sight		<input type="checkbox"/> Heart attack <input type="checkbox"/> Concussion <input type="checkbox"/> Stroke <input type="checkbox"/> Other	
Site of injury:			
<input type="checkbox"/> Head <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Back		<input type="checkbox"/> Shoulder <input type="checkbox"/> Hand <input type="checkbox"/> Finger <input type="checkbox"/> Upper Leg	
<input type="checkbox"/> Internal <input type="checkbox"/> Eye <input type="checkbox"/> Face <input type="checkbox"/> Neck		<input type="checkbox"/> Lower Leg <input type="checkbox"/> Upper Arm <input type="checkbox"/> Lower Arm <input type="checkbox"/> Knee	
<input type="checkbox"/> Ear <input type="checkbox"/> Nose <input type="checkbox"/> Wrist <input type="checkbox"/> Elbow		<input type="checkbox"/> Toes <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Other	

What caused the incident / accident?

Fall, trip or slip

Collision

Body stress

Biological factors

Overstretching / Sudden twisting movement

Misuse of Equipment

Manual Lifting / Handling

Horseplay

Inadequate supervision

None

Other

Give details of how and precisely where the incident/accident took place. Describe what activity was taking place, e.g. training game, getting changed, etc:

Give details of how the injury was treated including details of any first aid administered and the name(s) of the first aider(s)

What happened to the injured person following the incident / accident? (e.g. went home, went to hospital, carried on with session)

Recommendations / observations on measures taken to prevent recurrence:

Has an investigation been carried out?

Yes

No

Were any of the following contacted following the incident / accident?

Police

Ambulance

Parent /Guardian

Declaration: I hereby declare that the information contained in this report is true and no material information within my knowledge in regard thereto has been withheld.

Signed: _____

Date: _____

This section to be completed by the Club Welfare Officer

Has the incident / accident been appropriately recorded in the Accident Book?

Yes

No

Signed: _____

Club Welfare Officer

Date: _____