Accident Report Form

North Belfast Harriers	
Coach in Attendance:	

INJURED PARTY	
Name:	

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?	☐ **Yes** ☐ **No**
Were the following contacted:	**Police** ☐ **Ambulance** ☐
Parents Informed? ☐ **Yes** ☐ **No**	**By whom:** **When:**

Referred to Designated Safeguarding Children Officer (DSCO)?	☐ **Yes** ☐ **No**
DSCO Signature	Date:
Any further action to be taken?	
Has Young Person returned to *NAME OF CLUB*? ☐ **Yes** ☐ **No**	_____ **Signature of Management Representative** _____ **Print name** **Position**

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

Signed: _____ Date: _____

Name: _____

(In the event of an accident occurring through insufficient training or faulty equipment/facilities, follow up action to include completion of Risk Assessment Form **(Clubmark NI Template 18)**).