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| In the event of an accident, the following procedure should be followed by the club or organisation:   1. Fill in 2 copies of this form for **all** accidents. 2. Make contact with parents / carers. 3. Add 1 copy of form to incident book / folder. 4. Forward 1 copy to designated person for record keeping / action required. This should include the club welfare officer (welfare.officer@roehamptoncricketclub.com 5. Contact emergency services / GP if required. 6. Record in detail all facts surrounding the accident, including witnesses, etc. 7. Any further action. 8. Sign off on any action required from senior management officer. |

**Accident reporting form**

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| **Contact information – responsible adult** | |
| Name of coach in attendance |  |
| Address |  |
| Contact number(s) |  |
| Email |  |
| Name of organisation |  |

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| **Injured person information – child / young person** | | | | | | | | |
| Name |  | | | | | | | |
| Address |  | | | | | | | |
| Date of birth |  | | | | | | | |
| Gender  (optional) | Female  🞎 | | Male  🞎 | | Non-binary  🞎 | | Another description (please state)  🞎 | |
| Has the child / young person returned to the organisation following the accident? | | | No  🞎 | | Yes  🞎 | |  | |
| **Accident information** | | | | | | | | |
| Date of accident | |  | | | | Time of accident | |  |
| Date reported | |  | | | | Time reported | |  |
| Who reported the accident? | |  | | | | | | |
| Location of accident | |  | | | | | | |
| Details of injury | |  | | | | | | |
| Nature of and how accident happened | |  | | | | | | |
| Did anyone witness the accident? | | No  🞎 | | Yes – please give name(s) and details of witness(es)  🞎 | | | | |
| Was first aid involved? | | No  🞎 | | Yes – please give details  🞎 | | | | |
| Have parents / carers been notified? | | No  🞎 | | Yes – please state by whom and when  🞎 | | | | |
| Recommended action to be taken | |  | | | | | | |
| Referred to designated person(s)? | | No  🞎 | | Yes – please have them sign declaration at end  🞎 | | | | |
| Form completed by (print your name) | |  | | | | | | |
| Your signature | | 🗶 | | | | | | |

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| --- | --- |
| **Declaration – designated person** | |
| Signature of management representative | 🗶 |
| Print name |  |
| Role within organisation |  |
| Today’s date |  |