



# ACCIDENT REPORT FORM 2018/19

PLEASE ENSURE YOU NOTIFY CLUB CWO OF THIS INCIDENT AND SUBMIT FORM FOR RECORDS.



<b>NAME OF PLAYER:</b>	<b>DOB:</b>
<b>DATE &amp; TIME OF INCIDENT:</b>	<b>VENUE:</b>
<b>ADDRESS OF PLAYER:</b>	
<b>BRIEF DESCRIPTION OF WHAT HAPPENED:</b>	
<b>INJURIES SUSTAINED:</b>	
<b>LOSS OF CONSCIOUSNESS?:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>HEAD INJURY?:</b> YES <input type="checkbox"/> NO <input type="checkbox"/> (If yes, complete the head injury card)
<b>ACTION TAKEN / TREATMENT ADMINISTERED AT TIME:</b>	
<b>BY WHOM? / DESIGNATION:</b>	
<b>WHAT HAPPENED FOLLOWING TREATMENT: (TICK BOXES)</b> <input type="checkbox"/> RETURNED TO PLAYING <input type="checkbox"/> HOME WITH ADVICE <input type="checkbox"/> A&E (OWN TRANSPORT) <input type="checkbox"/> A&E (AMBULANCE CALLED) <input type="checkbox"/> OTHER (PLEASE GIVE DETAIL) _____	
<b>WAS A PARENT/GUARDIAN IN ATTENDANCE AT TIME OF INCIDENT?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> (if no, please ensure they are notified of incident and sign to confirm)	
<b>PARENT/GUARDIAN SIGNATURE:</b>	
<b>COMPLETED BY:</b>	<b>DESIGNATION:</b>

