



Accident/Incident Report

A. Name of Athlete / Volunteer (Please circle):

Address: _____

Tel. No.: _____

Club: _____

Head Coach: _____

Location of Accident/Incident: _____

Date and Time of Accident/Incident: _____

B. Nature of Accident/Incident (Including location and extent of one of the following 3 areas):

i) Injury: _____

OR

ii) Behavior: _____

OR

iii) Health Related (i.e. seizure, epilepsy): _____

C. Cause of Injury:

i) Briefly describe circumstances leading to injury: _____

ii) Was coach present or supervising? Yes No

iii) Was anyone else involved? Yes No

iv) If YES, who and how? _____



D. Treatment

- i) Treatment administered: _____
- ii) By Whom: _____
- iii) Was athlete sent home? Yes No
- iv) If YES, how and with whom: _____
- v) Was athlete sent to hospital? Yes No
- iv) If YES, how and with whom: _____

E. Who Was Contacted?

- i) Was a doctor called? Yes No
- ii) If YES, name of doctor: _____
- iii) Was athlete sent to a doctor? Yes No
- iv) If YES, name of doctor? _____
- v) Was parent/ guardian notified? Yes No
- vi) If YES, by whom? _____
- vii) Was O.S.O. notified? Yes No
- viii) If YES, who was notified and by whom? _____

F. List witnesses to accident: _____

G. Please add any further information which you consider important: _____

H. Signature of Assigned Coach: _____

Date: _____

Signature of Person Attending Athlete: _____

Date: _____

1 copy to SONL; 1 copy to Community Co-ordinator; 1 copy to Head Coach