



## Form 2 – Sample Accident Report Form

<b>COACH/ LEADER IN ATTENDANCE</b>
<b>INJURED PARTY</b>
<b>Name</b>
<b>Age/ DOB</b>
<b>School</b>
<b>Address</b>
<b>Accident Details</b> <ul style="list-style-type: none"><li>• <b>Date:</b></li><li>• <b>Time:</b></li><li>• <b>Exact Location</b></li><li>• <b>Injury</b></li><li>• <b>How happened</b></li></ul>
<b>Severity</b> <ul style="list-style-type: none"><li><input type="radio"/> <b>Minor</b></li><li><input type="radio"/> <b>Considerate</b></li><li><input type="radio"/> <b>Severe</b></li></ul>

<b>FIRST AID INVOLVED</b>	<b>YES / NO</b>
<b>MEDICAL ATTENTION REQUIRED</b>	<b>YES / NO</b>
<b>PARENTS INFORMED BY WHOM</b>	<b>YES / NO</b>
<b>FORM COMPLETED BY:</b>	
<b>REFERRED TO DESIGNATED PERSON</b>	<b>YES / NO</b>
<b>DESIGNATED PERSON SIGNATURE</b>	