**Low Fell Running Club – Accident Reporting Form**

In the event of an accident, the following procedure should be followed by the club or organisation:

* Fill in 2 copies of the Accident reporting form for **ALL** accidents.
* Make contact with parents/guardians.
* One copy of form to incident book/folder.
* Forward 1 copy to designated person for record keeping/action required.
* Contact emergency services/GP if required.
* Record in detail all facts surrounding the accident, witness's etc.
* Any further action.
* Sign off on any action required from senior management officer.

**Name of organisation:**

**Coach in attendance:**

**Address:**

**Day time/ evening Tel No:**

**Email address:**

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| **Injured person information:** | |
| **Name of injured child/young person:** |  |
| **Address:** |  |
| **Date of birth:** |  |
| **Gender:** | Male / Female |

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| **Accident information:**  *(To be recorded by organisation/club and shared with relevant staff and parents/carers)* | | | |
| **Date of accident:** |  | **Time of accident:** |  |
| **Date reported:** |  | **Time reported:** |  |
| **Accident reported by who:** |  | | |
| **Location of accident:** |  | | |
| **Details of injury:** |  | | |
| **Nature and how accident happened:** |  | | |
| **Did anyone witness the accident:** | Yes / No  *(If Yes, state witness name/s and details below)* | | |
| **Name of witnesses:** |  | | |
| **First aid involved:**  *(please provide details)* |  | | |
| **Parents/carers notified:** | Yes / No  (*If Yes, by whom and when below)* | | |
| **Parents/carers notified by whom and when:** |  | | |
| **Form completed by:** |  | | |
| **Recommended action to be taken:** |  | | |
| **Refer to designated Person’s:** | Yes / No  (If Yes, signature and name below) | | |
| **Signature:** |  | | |
| **Print name:** |  | | |

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| **Has the young person returned to the organisation:** | Yes / No |
| **Signature of management representative:** |  |
| **Print name:** |  |
| **Role within organisation:** |  |