**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:**

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

|  |
| --- |
| **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:** |  |

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