

Accident Report Form

In the event of an accident, the following procedure should be followed by the Colebridge:

- Fill in 2 copies of the Accident reporting form for **ALL** accidents.
- Make contact with parents/guardians.
- One copy of form in incident folder / draw.
- Forward 1 copy to designated person (Kate Hughes) 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 the Club Secretary.

Name of organisation:	Colebridge Table Tennis Club
Coach in attendance:	
Address:	Rear of 73 Colebrook Road Shirley West Midlands B90 2JZ
Day time/ evening Tel No:	
Email address:	

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

Accident information:			
(To be recorded by Colebridge 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:	