



Accident/ Incident Reporting Form

This form should be used for each of the following:

- Fall/Injury
- Aggressive Behaviour
- Verbal Abuse
- Destruction of Equipment or Property
- Physical Assault

Club Name: _____

Name of person completing this form: _____

Role/Position of person completing this form: _____

INCIDENT/ACCIDENT

Date and time of incident: _____

Venue: _____

Name and address's of person/s involved in the incident

What activity was taking place when the incident occurred? For example
Training/game/getting changed: _____

Please List Names and Contact details of all Witnesses (Statements should be sought from witnesses as soon as is practical while the incident is still fresh in their minds):

REPORTING OF THE INCIDENT

Nature of Accident/ Incident:

Give full details of action taken; if any first aid treatment was given please list the name(s) of first aider(s).

Were any of the following contacted?

Parents/ Guardian/ Spouse:

Emergency Services: (ambulance, fire, police)

What happened to the injured person following the accident/ incident? E.g. carried on with session, went home, went to hospital, etc. _____

All the above information reflect the true nature of the accident/ incident

Signed: _____

Date: _____

A copy of this form must be forwarded onto the IIHA Children Protection Officer