



Football 96 Academy

## INCIDENT REPORT FORM

Date of incident/accident: \_\_\_\_\_ Time of incident: \_\_\_\_\_ a.m./p.m.

Injured member/guest: \_\_\_\_\_ Age: \_\_\_\_\_

Membership number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Location of incident: \_\_\_\_\_

Describe in full how incident occurred and what actions were taken.

(Write everything you can remember no matter how insignificant it may seem.)

Describe the injury in detail and indicate the body part(s) affected:

Did any medically trained members (doctors, nurses) assist? Provide details.

Staff members present: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Was the emergency plan activated? \_\_\_\_\_ Was ambulance called? \_\_\_\_\_

Was the individual taken to the hospital? Yes No

If yes, what hospital? \_\_\_\_\_

If no, did he/she refuse medical attention? \_\_\_\_\_

Was the family notified? \_\_\_\_\_ Who? \_\_\_\_\_

On the back of this page, please document any observations or comments regarding this incident you feel important.

Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.

Follow-up notes:

Contact made by: \_\_\_\_\_ Date: \_\_\_\_\_

Condition of member: \_\_\_\_\_

Note: This is a generic Incident Report Form. This form is a sample of what an organisation could use for internal use. It should be modified to fit the specific requirements of the organisation. In no way is this form intended to replace an insurance claim form which should be obtained and forwarded to your insurance company for any incident where a claim is possible.