



Accident and Injury Record Form

Please use this form to record all accidents and injuries that happen at Cheadle & Gatley Griffins sessions.

Once a form has been completed it should be handed to the Welfare Officer/Coach in charge.

Personal Details

Name of injured person:.....

Contact details of injured person (phone number, address etc):

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.....

Accident/Injury Details

Date and time of the accident/injury:.....

Site where the accident took place:.....

Person in charge of session:.....

Nature of the accident/injury:.....

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Give details of how and where the accident took place. Describe the activity that was taking place and whether anyone else was involved. Please be as specific as possible.

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Was anyone contacted about the accident/injury? Yes No

If yes then who? Ambulance Parent/Guardian Venue staff Other (*please specify*):

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What happened to the injured person (e.g. continued with session, first aid given, went home, went to hospital):.....

.....

I certify that all of the above facts are a true and accurate record of the accident/injury.

Signed:.....

Name (Print):.....

Date:.....