



## Accident Report Form

Name of Injured person:		
Address of Injured person		
Date and time of Accident	Date:	Time:
Nature of Injury:		
Describe the Accident:		
Details of any first aid given:		
Was the parent contacted:	Yes/No	
Who by		
Additional Actions undertaken or required:		
Additional Notes including risk assessments carried out prior to accident:		

.....  
**Signature of GBS Official/First Aider**

.....  
**Signature of Parent/Carer\***

.....  
**Date**

\*If not possible to get parent/carer signature (e.g. if in a different country), e-mail them with this information, and ask them to confirm they have received and understood the information given. Attach their e-mail to this form. Please attach any other additional pages used to this form. Please return this form to the Team Manager/Head Coach who should forward it to GBS Office. This form should be kept securely.

