

Woolwich Youth Soccer Club – Accident Report Form



To be completed by the First Aider, Coach or Manager within 24 hours of the accident and submitted to the Club via email or in person.

1. Site where accident took place (i.e. park and field number):

2. Date and time of accident/ incident: _____

3. Name of person in charge of session/ competition:

4. Name of injured person: _____

5. Address and contact information of injured person:

6. Team Name, League and Level:

7. Nature of accident/ incident:

8. Give details of how and precisely where the accident took place. Describe what activity was taking place, e.g. training program, during a game, etc. If during a game, give details if a call was made (e.g., red card, penalty kick, etc.).

9. Give details of the action taken including any first aid treatment and the name (s) of the first-aiders.

Woolwich Youth Soccer Club – Accident Report Form



10. Were any of the following parties contacted? Police, Ambulance, Parent/Guardian.

If Yes, provide details:

11. What happened to the injured person following the accident? (E.g. went home, went to hospital, carried on with session)

12. Any follow up required? NOTE: A Dr.'s note is required to return to play.

All of the above facts are a true and accurate record of the incident/ accident.

Signed: _____

Name (Print): _____ Date: _____