

ACCIDENT REPORT FORM

Oxford Ice Skating Club (OXIST)

In the event of an accident, the following procedure should be followed by the club or organisation:

- Fill in the accident report form for ALL accidents
- Contact must be made immediately with parents or carers
- Place 1 copy of the form onto the injured child/young person's file
- Forward 1 copy to designated person for record keeping / action required
- Contact emergency services or GP if required
- Record in detail all facts surrounding the accident, witnesses, etc
- Record and take any further action

Club Information

Address

Coach in Attendance

• Sign off on any action required from welfare/safeguarding officer

Day time & Ever	ning Phone No					
Email Address						
Injured Person Information						
Name of Injured Child/Young						
Person						
Address of Injur	ed Child/Young					
Person						
				,		
Date of Birth			Gender	Male / Female		
			•	·		



Accident Information (to be recorded by club	and shar	ed with releva	ant staff and parents/ca	erer)
Date of Accident			Time of Accident	•
Date Reported			Time Reported	
Person Reporting the Accident				
Details of Injury (use the space on the next page if necessary)				
Nature and How Accident Happened (use the space on the next page if necessary)				
First Aid Involved (please provide details)				
Parents/Carers Notified	Yes /	No		
Recommendation Action to be Taken				
Refer to Welfare / Safeguarding Officer	Yes /	No	Has the Child/Young Person Returned to the Club	Yes / No
Form Completed by (Print Name)				
Signature				
Role within the Club				



Did Anyone Witness the Accident	Yes / No (if yes, state witness names and details below)
Name of Witness	
Contact Details of Witnesses (please add additional witness information below)	
Print Name of Welfare/ Safeguarding Officer	
Signature	

Please add additional information about the accident here or further details of witnesses	

