

Appendix 9

Guidelines For Reporting Accidents

In the event of an accident, the following procedure should be carried out:

- Fill in **TWO** copies of the Accident Report Form (included in the Appendix). File one copy of the form in an incident book / folder.
- Forward one copy to your line manager for record-keeping.
- Make contact with the child or young person's parent(s) or guardian(s).
- Contact the emergency services or a General Practitioner if required.
- Record in detail all facts surrounding the accident including, witnesses etc.
- The IFA's Child Welfare Department should only receive notification of serious accidents.





ACCIDENT REPORT FORM

Completed by

Position

Staff / Volunteers in attendance

Name of injured party

Age

D.O.B.

Address

Postcode

Accident details

Date

Time

Exact location

Nature of injury

Circumstances of the injury (how did it happen?)



Name of Witness	<input type="text"/>	
Address	<input type="text"/>	
Tel	<input type="text"/>	Postcode <input type="text"/>
Witness statement	<input type="text"/>	
	Date <input type="text"/>	Time <input type="text"/>
First Aid involved	YES <input type="checkbox"/>	NO <input type="checkbox"/> Medical attention required YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES to either of the above, please give details	<input type="text"/>	
Parent(s) / Guardian(s) informed	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, by whom	<input type="text"/>	
If not, why	<input type="text"/>	
Referred to the head coach	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Head Coach Name	<input type="text"/>	
Address	<input type="text"/>	
Tel	<input type="text"/>	Postcode <input type="text"/>
Signature of reporting person	<input type="text"/>	
	Date <input type="text"/>	Time <input type="text"/>
Any further action	<input type="text"/>	