



## Heavens Eleven Football Club - Accident/Incident Form

**To be completed by the First Aider, Coach or Manager within 24 hours of the incident.**

1. Site where accident took place (i.e. park/field): \_\_\_\_\_  
\_\_\_\_\_

2. Date and time of accident/ incident: \_\_\_\_\_

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

4. Name of injured person: \_\_\_\_\_

5. Address 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-aider(s).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signed: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_