

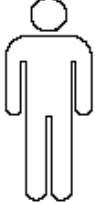
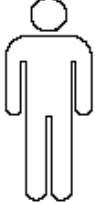
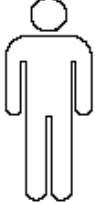


Tattenhoe FC – Accident Report Form

Issue 1

Team Name:		Distribution: <ul style="list-style-type: none"> ▪ CWO ▪ Club Secretary
Person completing the form:		
Date of Completion:		

Detail of Accident	<input type="checkbox"/> Player	<input type="checkbox"/> Coach	<input type="checkbox"/> Supporter	Name			
	Date of Birth	/ /	Parent/Guardian informed (if injury is to a child) Y / N				
	Name of Parent/Guardian:						
	Date and Time of Accident	/ /	: am / pm	Location of accident			
	Activity						
	Address of injured person						
	Telephone:	Post Code:					

Injury	Cause			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; font-size: small;">FRONT</td> <td style="width: 50%; text-align: center; font-size: small;">BACK</td> </tr> <tr> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: x-small;">MARK LOCATION ON BODY</td> </tr> </table>	FRONT	BACK			MARK LOCATION ON BODY	
	FRONT	BACK								
										
MARK LOCATION ON BODY										
Body Parts										
Injury										

What happened?	Describe what happened			
	If the activity was supervised, who was supervising the area?			
	Information supplied by	<input type="checkbox"/> Casualty <input type="checkbox"/> Another person	Name	



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Issue 1

First Aid	Describe what First Aid was given	
	Name of First Aider	

Witnesses	Name	
	Address	
	Daytime ☎	

After the Accident	Club Ground	<input type="checkbox"/> Did the Accident happen on Club Ground property?		Y / N
		<input type="checkbox"/> When the accident happened was another party responsible?		Y / N
		<input type="checkbox"/> Taken to hospital by any method	<input type="checkbox"/> Emergency services contacted	
		<input type="checkbox"/> Visited medical practitioner	<input type="checkbox"/> Refused assistance	
		<input type="checkbox"/> No Further Action Taken	<input type="checkbox"/> Advised to seek medical advice	
		<input type="checkbox"/> Reported to Club CWO		
	Reporting	<input type="checkbox"/> Casualty in hospital for more than 24 hours		
		<input type="checkbox"/> No action Required		
		Avoidable?	Y / N	Does further club assessments need to be taken?
	Preventative Action	Provide Feedback below -		
Additional Information				
Sketch of Location				
Supporting Documents?	Y / N	Details		
	Details checked by			(TFC Official)