



Accident/Incident Report

Name of Participant: _____

Date of Accident/Incident: _____ Time of Accident/Incident: _____

Location: _____ Coach: _____

Other Staff Present: _____

Description of Accident/Incident (Cause, Activity at time of Accident/Incident: _____

Nature of Injury: _____

First Aid administered: _____

Other Medical Assistance required: _____

Was Parent/Guardian notified: Yes No if yes, how? _____

Comments: _____

Signature of Coach (present at Accident/Incident): _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Signature: _____