



## ACCIDENT / INCIDENT REPORT FORM

TEAM: \_\_\_\_\_ INCIDENT DATE: \_\_\_\_\_

OPPOSING TEAM: \_\_\_\_\_ VENUE: \_\_\_\_\_

### **INJURED PARTY:**

Name: \_\_\_\_\_ Male / Female

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent / Guardian Present: Yes / No (If YES, whom: \_\_\_\_\_)

### **INCIDENT DETAILS:**

Describe briefly the circumstances which resulted in the injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nature of Injury: \_\_\_\_\_

Details of Treatment: \_\_\_\_\_

Administered by: \_\_\_\_\_

Were Medical Personnel involved? Yes / No (If Yes, who: \_\_\_\_\_)

Transported to GP / Hospital? Yes / No (If Yes, by whom: \_\_\_\_\_)

Name of Receiving GP / Hospital: \_\_\_\_\_

Were medical expenses incurred: Yes / No Amount: € \_\_\_\_\_

In your opinion, could the accident have been avoided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNED:** \_\_\_\_\_ (Team Manager) **DATE:** \_\_\_\_\_

**CONTACT NUMBER FOR MANAGER:** \_\_\_\_\_

*When completed, this form should be returned to the Safety Officer, Arklow Town FC  
Lamberton, Arklow, Co Wicklow, within 48 hours of the incident occurring.*