**Accident Reporting Form**

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| Participant Details |
| **Name:** |  |
| **Date of Birth:** |  |
| **Age:** |  |
| **Address:** |  |
| **Telephone Number:** |  |
| **Medical Conditions:** |  |

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| --- |
| Incident |
| **Venue:** |  |
| **Date:** |  |
| **Time:** |  |
| **Details of what happened:** |  |
| **Name(s) of individual(s) involved in incident:** |  |

**Accident Reporting Form Continued…**

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| Details of First Aid (complete ONLY if first aid administered) |
| **Details of Injury:** |  |
| **Details of first aid given:** |  |
| **Referred to:** | **(Please circle)****1. Spouse/partner****2. Doctor****3. Ambulance****4. Hospital** **5. Other (please specify)……………………………………………** |
| **Details of where referred to:** | e.g. name of hospital |
| **Name and address of** **First-aider** |  |
| **Telephone Number:** |  |
| **Signed:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Time: |  |

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| Details of Person Completing Form (If not First-aider) |
| **Name:** |  |
| **Address:** |  |
| **Telephone Number:** |  |
| **Signed:** |  |

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| --- | --- | --- | --- |
| Date: |  | Time: |  |

The Stragglers Committee need to track accidents. Please scan and email completed forms to committee@stragglers.org

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| **Date Stragglers Committee Advised:**  |  |

**Committee follow up notes:**

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| --- | --- | --- | --- |
| Date called injured person: |  | Call made by:  |  |
| Details of follow up call: |  |
| Further action needed? |  | Who will do this? |  |