



GUIDANCE ON REPORTING ACCIDENTS

In the event of an accident, the following procedure will be carried out :-

- Fill in 2 copies of the attached Accident Form for **ALL** accidents.
- Make contact with parents/guardians.
- One copy of form to incident book/folder.
- Forward one copy to Designated person for record keeping/action required.
- Contact emergency services/GP if required

Record in detail all facts surrounding the accident, witness's etc.

The Accident Report Form must be completed as follows:

- Coach of Team / Individual
- Injured Party's Name
- Injured Party's Date – of – Birth and Address
- FULL details of time, location, nature of injury etc
- Severity of Injury
- First Aid and Medical Attention provided
- Parents / Guardians informed
- Form **MUST** be signed by Coach AND Individual completing the form
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ALL forms must be forwarded to the relevant Designated Officer or Children's Officer as soon as possible on completion. The purpose of this is that all records can be kept should there be the need to complete Injury Claim Forms for the individual(s) concerned.



CUMANN LÚTHCHLEAS GAEL
BREDAGH GAC  **CHONTAE AN DÚIN**



Signed: _____ Date: _____ Secretary

Signed: _____ Date: _____ Chairman



Appendix 1 Guidance on Reporting Accidents

ACCIDENT FORM

COACH IN ATTENDANCE:	
INJURED PARTY	
Name	
Age/DOB	
School	
Address	
ACCIDENT DETAILS	
<ul style="list-style-type: none">▪ Date:▪ Time:▪ Exact location:▪ Injury:▪ How happened	
SEVERITY:	
• Minor	<input type="checkbox"/>
• Considerable	<input type="checkbox"/>
• Severe	<input type="checkbox"/>
FIRST AID INVOLVED	YES / NO
MEDICAL ATTENTION REQUIRED	YES / NO



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PARENTS INFORMED	YES / NO
BY WHOM	
FORM COMPLETED BY:	
REFERRED TO DESIGNATE PERSON	YES/ NO
DESIGNATED PERSON SIGNATURE	