



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.*