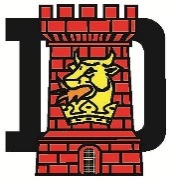
**** **Gravesend RFC Mini and Youth Incident/Accident Reporting Form**

*To be completed by the coach, first aider or team manager*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of incident | | | |  | | | | | |  | | Time of incident | | | | | | | |  | | | | | | |
|  | | | |  | | | | | |  | |  | | | | | | | |  | | | | | |  |
| Age group | | | |  | | | | | |  | | Lead coach | | | | | | | |  | | | | | | |
|  |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | |
| Name of injured person | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | |
| Name of First Aider | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | |
| Address of injured person | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Give details of how the incident/accident occurred: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What activity was taking place: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Training |  | | | | Game | | | | | |  | | | Other | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did the injured person: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Continue training | | |  | | | | Go home | | | | | |  | | | Go to hospital | | | | |  | | | |  | |
|  | | |  | | | |  | | | | | |  | |  | | | | | | | | |  | | |
| Other *(Please specify)* | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Were the police called? | | | | | | **Yes/No** | |  | | | | | | | | Was an ambulance called? | | | | | | | **Yes/No** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Who notified the players’ parent/carer? | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Report completed by | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signed | |  | | | | | | | | | | Date | | | | | | |  | | | | | | | |