

Incident Report Form

SPORTS LEADERS NAME	CLUB OR EVENT NAME
VENUE OF ACCIDENT/INCIDENT	NAME OF INJURED PERSON
DATE & TIME OF ACCIDENT/INCIDENT	ADDRESS OF INJURED PERSON
NAME OF INDIVIDUALS WHO DEALT WITH ACCIDENT/INCIDENT	
NATURE OF ACCIDENT/INCIDENT AND EXTENT OF INJURY	
DETAILS LEADING UP TO ACCIDENT/INCIDENT	
DETAILS OF ACTION TAKEN, INCLUDING ANY FIRST AID TREATMENT	
WHICH OF THE FOLLOWING WERE CONTACTED AFTER THE INCIDENT?	
Garda <input type="checkbox"/> Ambulance <input type="checkbox"/> Parent/Guardian/Carer <input type="checkbox"/> Doctor <input type="checkbox"/>	
ANY ADDITIONAL INFORMATION RELEVANT TO THIS INCIDENT?	
ALL OF THE ABOVE FACTS ARE A TRUE AND ACCURATE RECORD OF THE ACCIDENT/INCIDENT	
Signature 1:	
Signature 2:	Date: