



# Accident Report Form

East Galway Celtics

<b>Injured Person</b>	
Full Name:	
DOB:	
If Under 18 years:	
Guardian's Name:	
Guardian's Phone No.:	
Guardian Informed?	
<b>Accident Details</b>	
Date:	Time:
Venue:	Location:
Injury:	
Severity:    Minor <input type="radio"/> Considerate <input type="radio"/> Severe <input type="radio"/>	
Facts/Description:	
Action Taken/First Aid Administered:	
Did first aider wear facemask?	Yes <input type="radio"/> No <input type="radio"/>
Was sanitation or disposal of equipment used performed after first aid?	Yes <input type="radio"/> No <input type="radio"/>
Emergency Services:	Yes <input type="radio"/> No <input type="radio"/>
Referred to Designated Person	Yes <input type="radio"/> No <input type="radio"/>
Coach/Leader in Attendance	
Form completed by	
<b>Admin Only</b> – Injured Person BI Number	

## **Guidelines for Reporting Accidents**

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

- Contact Emergency Services/GP if required
- Make contact with the parents/guardians
- Record in detail all facts surrounding the accident including witnesses etc