



## Accident Report Form

In the event of an accident, the following procedure should be followed by the Portishead Coach/ Team Captain:

- Fill in 2 copies of the Accident reporting form for **ALL** accidents.
- Make contact with parents/guardians.
- One copy of form in incident folder / draw.
- Forward 1 copy to designated person (Steve Pratt) for record keeping/action required.
- Contact emergency services/GP if required.
- Record in detail all facts surrounding the accident, witness's etc.
- Any further action.
- Sign off on any action required from the Club Secretary.

<b>Name of organisation:</b>	<b>Portishead Table Tennis Club</b>
<b>Coach/ Team Captain in attendance:</b>	
<b>Address:</b>	<b>Lake Grounds Tennis Pavilion Portishead/ Walton Village Hall/Gordano School</b>
<b>Day time/ evening Tel No:</b>	
<b>Email address:</b>	

Injured person information	
<b>Name of injured child / person:</b>	
<b>Address:</b>	
<b>Date of birth:</b>	
<b>Gender:</b>	Male / Female

<b>Accident information:</b>			
(To be recorded by Portishead TTC and shared with relevant staff and parents / carers)			
<b>Date of accident:</b>		<b>Time of accident:</b>	
<b>Date reported:</b>		<b>Time reported:</b>	
<b>Accident reported by who:</b>			
<b>Location of accident:</b>			
<b>Details of injury:</b>			
<b>Nature and how accident happened:</b>			
<b>Did anyone witness the accident:</b>	Yes / No (If yes, state witness name/s and details below)		
<b>Name of witnesses:</b>			
<b>First aid involved: (please provide details):</b>			
<b>Parents / carers notified:</b>	Yes / No (If yes, by whom and when below)		
<b>Parents / carers notified by whom and when:</b>			
<b>Form completed by:</b>			
<b>Recommended action to be taken:</b>			
<b>Refer to designated Person's:</b>	Yes / No (If yes, signature and name below)		
<b>Signature:</b>			
<b>Print name:</b>			

<b>Has the young person returned to the organisation:</b>	Yes / No
<b>Signature of management representative:</b>	
<b>Print name:</b>	
<b>Role within organisation:</b>	