BSS - Accident Report Form

Name of Injured person:		
Address of Injured person:		
Date and time of Accident	Date:	Time:
Nature of Injury:		
Describe the Accident		
Details of any first aid given		
Was the parent contacted:	Yes No	
Who by?		
Additional Actions undertaken or required		
Additional Notes including risk assessments carried out prior to accident		

…… …… ……

Signature of BSS Official/First Aider Signature of Parent/Carer* Date

*If not possible to get signature (ie parents are in a different country) e mail them with this information, and ask them to confirm they have received and understood the information given – then attach their e mail to this form

Please return this form to the Team Manager/Head Coach who should forward it to BSS Office. This form should be kept securely for 7 years.