

Accident Recording Form



Complete this immediately or as close to the time of the accident as practically possible. Delaying may cause facts and important details to be forgotten.

Reporting person
Name:
Position:
Injured Party's details
Name:
Associated Club
Connection to Club (ie. member, parent, sibling of member etc)
Date of birth:
Address:
Parents / Carers names(if injured person under 18)
Address:
Location of Accident
Place:
Address
Witnesses
(1)
(2)
Please attach witness statements/accounts to this form (if appropriate)

Please complete the reverse side of this form

Record What Happened & Nature of Injury (use additional paper, as required)

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Record Action taken:

Reported to YFCU Headquarters (yes/no)	How was it reported
Who to, Name:	Date & Time:
Details of advice received:	

Signed by the reporting person: Date:

This copy of this form should be kept in a secure place. If requested YFCU Headquarters will do this for you. Irrespective of this a copy or the original must be forwarded to the YFCU Chief Executive or Youth Advisor at YFCU Headquarters, 475 Antrim Road, Belfast BT15 3BD Telephone 028 90370713.

Do not fax this document unless arrangements have been made to receive it securely.