



East York Soccer Club - Accident/Incident Form

To be completed by the First Aider, Coach or Manager within 24 hours of the incident.

1. Site where accident took place (i.e. park/field): _____

2. Date and time of accident/ incident: _____

3. Name of person in charge of session/ competition: _____

4. Name of injured person: _____

5. Address of injured person: _____

6. Team Name, League and Level: _____

7. Nature of accident/ incident: _____

8. Give details of how and precisely where the accident took place. Describe what activity was taking place, e.g. training program, during a game, etc. If during a game, give details if a call was made (e.g., red card, penalty kick, etc.). _____

9. Give details of the action taken including any first aid treatment and the name (s) of the first-aiders(s).

10. Were any of the following parties contacted? Police, Ambulance, Parent/Guardian. _____

If Yes, provide details: _____

11. What happened to the injured person following the accident? (e.g. went home, went to hospital, carried on with session) _____

All of the above facts are a true and accurate record of the incident/ accident.

Signed: _____

Name (Print): _____ Date: _____