

MASTER

Date of incident/accident	Time of incident/accident	Place of incident/accident
Name of participant	Contact/address details	
What happened?		
Action taken:		
Name of Coach in charge:	Name(s) of Assistant Coach / Witnesses	

WHERE PHYSICAL INJURY OCCURS		
Body parts affected:		
First Aid given:		
Referral action e.g. Doctor, Ambulance, A&E		
Copy to PARTICIPANT or PARENT/GUARDIAN (delete)		Head injury form issued? Y/N
Signed by Coach in Charge	Signed by Assistant Coach / Witnesses:	

COPY

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