

## Sunbury Braves Basketball Club – Accident reporting form

In the event of an accident, the following procedure should be followed by the club/organisation:

- 1. Fill in a copy of this form for **all** accidents.
- 2. Make contact with parents / carers if needed.
- 3. Contact emergency services / GP if required.
- 4. Record in detail all facts surrounding the accident, including witnesses, etc.
- Forward copy to designated club person within 7 days for record keeping / action required via email to sunburybraves@outlook.com
- 6. Follow up any further action required.
- 7. Sign off on any action required from senior committee member.

	Contact information – responsible adult
Name of coach in attendance	
Address	
Contact number(s)	
Email	
Name of organisation	

Injured person information – child / young person						
Name						
Address						
Date of birth						
Gender <sup>1</sup>	Female	Male	Non-binary	Another description (please state)		



Has the child / young person returned to the organisation following the accident?		No	Yes				
Accident information							
Date of accident				Time of accident			
Date reported				Time reported			
Who reported the accident?							
Location of accident							
Details of injury							
Nature of and how accident happened							
Did anyone witness the accident?		No Yes – please give name(s) and details of witness(es)					
Was first aid involved?		No	Yes – please give details				
Have parents / carers been notified?		No	Yes – please	state by whom and wh	nen		
Recommended action to be taken		·					
Referred to designated person(s)?		No	Yes – please	have them sign declar	ation at end		
Form completed by (print your name)							
Your signature		×					

## Declaration – designated person



Signature of management representative	×
Print name	
Role within organisation	
Today's date	