



FACT SHEET 20

SAMPLE INCIDENT FORM

COACH/ LEADER IN ATTENDANCE	
INJURED PARTY	
Name	
Age/ DOB	
School	
Address	
Accident Details	
<ul style="list-style-type: none"> • Date: • Time: • Exact Location • Injury • How happened 	
Severity	
<input type="radio"/> Minor <input type="radio"/> Considerate <input type="radio"/> Severe	
FIRST AID INVOLVED	YES / NO
MEDICAL ATTENTION REQUIRED	YES / NO
PARENTS INFORMED BY WHOM	YES / NO
FORM COMPLETED BY:	
REFERRED TO DESIGNATED PERSON	YES / NO
DESIGNATED PERSON SIGNATURE	