

ACCIDENT REPORT FORM – Ideally to be completed by coach at time of accident

Name of person who is completing this form		Role: Coach / Support Staff / Medic
Normal daytime contact number of above		
Membership Number (if applicable)		
Name of event at which accident occurred		
Location		
Address		

A. DETAILS OF PERSON WHO HAD ACCIDENT

Male

Female

Gymnast

Other

Employee

Job Title (*if employee*)

First Name
Surname
Discipline
BG Membership No
Club
Date of Birth _/_/_/ _
Work Tel No.
Home Tel No.
Mobile Tel No.
E-Mail

B. DETAILS OF ACCIDENT (*use extra sheet if required*)

Date

Time

AM

PM

Weather conditions
(if appropriate)

DESCRIPTION OF ACCIDENT

Information given by

Casualty

Another person

Name

C. INJURY SUSTAINED AND TREATMENT

NATURE OF INJURY
TREATMENT GIVEN

WAS THE PERSON ADMITTED TO HOSPITAL?	IF YES, No OF DAYS
FURTHER TREATMENT OR REFERRAL	

MARK LOCATION OF INJURY

D. WITNESS

Name	Address		
Work Tel No	Home Tel No	Mob Tel No	
Name	Signature		
Date	<i>Please return form to British Gymnastics with HOD Pack</i>		