**Incident Report Form**

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| **SPORTS LEADERS NAME** | **CLUB OR EVENT NAME** |
| **VENUE OF ACCIDENT/INCIDENT** | **NAME OF INJURED PERSON** |
| **DATE & TIME OF ACCIDENT/INCIDENT** | **ADDRESS OF INJURED PERSON** |
| **NAME OF INDIVIDUALS WHO DEALT WITH ACCIDENT/INCIDENT**  |  |
| **NATURE OF ACCIDENT/INCIDENT AND EXTENT OF INJURY** |
| **DETAILS LEADING UP TO ACCCIDENT/INCIDENT** |
| **DETAILS OF ACTION TAKEN, INCLUDING ANY FIRST AID TREATMENT** |
| **WHICH OF THE FOLLOWING WERE CONTACTED AFTER THE INCIDENT?** Garda Ambulance Parent/Guardian/Carer Doctor |
| **ANY ADDITIONAL INFORMATION RELEVANT TO THIS INCIDENT?****ALL OF THE ABOVE FACTS ARE A TRUE AND ACCURATE RECORD OF THE ACCIDENT/INCIDENT****Signature 1:****Signature 2: Date:**  |