



ACCIDENT REPORT FORM

In the event of an accident, the following procedure should be followed:

- Contact emergency services/GP if required;
- For all accidents, complete two copies of this form, keep one copy of the form in the incident book and forward one copy to organisation's secretary;

Organisation Information(Club/County/Region etc)	
Organisation Name:	
Name of Official in attendance:	Position:
Address	
Telephone Number:	Mobile:
E-mail address:	

Injured Persons Information: (use separate sheet if necessary)		
Name:	Date of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address		
Telephone Number:	Mobile:	
E-mail address:		

Accident Information: (To be shared with relevant staff and parents/carers)	
What Happened?	
Where did it happen? (location and address)	
How did it Happen?	
When did it happen? (time and date)	
When was it reported? (time and date)	
Who was it reported to?	Tel/Mob No:
Who was it reported by?	Tel/Mob No:
First Aid given? Yes <input type="checkbox"/> No <input type="checkbox"/>	Details of First Aid:

Appendix K to the Archery GB Safeguarding Children and Young People Policy
SCF 02 – Accident Report Form

Witness Details	
Any witnesses? Yes <input type="checkbox"/> No <input type="checkbox"/>	Witness name and contact details:
	Witness 1
	Witness 2
	Witness 3

Parental Notification	
Parents/Carers notified: Yes <input type="checkbox"/> No <input type="checkbox"/>	When? Time & Date:
	By Whom? Name & Contact details:

Follow up actions	
Recommended follow action:	
Club/County/Region Secretary informed? Yes <input type="checkbox"/> No <input type="checkbox"/>	When? Time & Date:
	By Whom? Name & Contact details:
Archery GB Membership Services informed? Yes <input type="checkbox"/> No <input type="checkbox"/>	When? Time & Date:
	By Whom? Name & Contact details:
Have those involved returned to the sport Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, why not?
	Is further action required to encourage them back into the sport?

Individual Completing the Form			
Signature	Print Name	Position	Date
Organisation Official (Committee Member)			
Signature	Print Name	Position	Date



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