



Affiliated to Hertfordshire FA

St Albans City Youth FC- Accident Report Form

Session Type e.g. Match/Training	
Coach In Attendance	
Address	
Contact Telephone Number	
Email Address	

Injured person information:	
Name of injured child/young person:	
Address:	
Date of birth:	
Gender:	Male / Female

Accident information:			
<i>(To be recorded by organisation/club and shared with relevant staff and parents/carers)</i>			
Date of accident:		Time of accident:	
Date reported:		Time reported:	
Accident reported by who:			
Location of accident:			
Details of injury:			



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Nature and how accident happened:	
Did anyone witness the accident:	Yes / No <i>(If Yes, state witness name/s and details below)</i>
Name of witnesses:	
First aid involved: <i>(please provide details)</i>	
Parents/carers notified:	Yes / No <i>(If Yes, by whom and when below)</i>
Parents/carers notified by whom and when:	
Form completed by:	
Recommended action to be taken:	
Refer to designated Person's:	Yes / No <i>(If Yes, signature and name below)</i>
Signature:	
Print name:	

Has the young person returned to the Club?	Yes / No
Signature of management representative:	
Print name:	
Role within organisation:	