## Middlesex Cricket - Accident reporting form

In the event of an accident, the following procedure should be followed by the club or organisation:

- Fill in 2 copies of the Accident reporting form for ALL accidents.
- Make contact with parents, guardians/carers
- One copy of form to incident book/folder.
- Forward 1 copy to designated person for record keeping/action required.
- Contact emergency services/GP if required.
- Record in detail all facts surrounding the accident, witness's etc.
- Any further action.
- Sign off on any action required from senior management officer.

| Name of organisation: |  |
| :--- | :--- |
| Coach in attendance: |  |
| Address: |  |
|  |  |
|  |  |
| Day time/ evening Tel. No: |  |
| Email address: |  |


| Injured person information: |  |
| :--- | :--- |
| Name of injured participant |  |
|  |  |
| Address: |  |
|  |  |
|  |  |
| Gate of birth: |  |
| Gender: |  |

Accident information:
(To be recorded by organisation/club and shared with relevant staff and parents, guardians/carers.

| Date of accident: |  | Time of accident: |  |  |
| :--- | :--- | :--- | :--- | :---: |
| Date reported: |  | Time reported: |  |  |
| Accident reported by who: |  |  |  |  |
| Location of accident: |  |  |  |  |
| Details of injury: |  |  |  |  |
| Nature and how accident <br> happened: | Yes / No <br> (If Yes, state witness name/s and details below) |  |  |  |
| Did anyone witness the <br> accident: |  |  |  |  |


| Name of witnesses: |  |  |  |
| :--- | :--- | :--- | :--- |
| First aid involved: |  |  |  |
| (please provide details) |  |  |  |


| Has the participant returned <br> to the organisation? | Yes No $/ \quad$ N |
| :--- | :--- |
| Signature of management <br> representative: |  |
| Print name: |  |
| Role within organisation: |  |

