

Accident and Incident report form

This is to be completed by coaches for every accident and incident that takes place during a Soccer Shooters sessions. Parents and carers may also submit this to us by emailing us at: Info@soccershooters.com

|  |  |
| --- | --- |
| Name of person reporting |  |
| Telephone Number |  |
| Email address |  |
| Relationship to child (or write coach) |  |
| Child Name |  |
| Name of Coach |  |
| Date of Accident/incident |  |
| Location of Accident/Incident |  |
| Details of Accident/Incident |  |
| Any Witnesses you are aware of? |  |
| Type of Injury sustained (if applicable) |  |
| Is the child still injured (please provide full details) |  |
| Anything else you would like to add |  |