



22nd Old Boys Football Club

ACCIDENT FORM

COACH IN ATTENDANCE:	
INJURED PARTY	
Name	
Age/DOB	
Address	
ACCIDENT DETAILS	
<ul style="list-style-type: none"> ▪ Date: ▪ Time: ▪ Exact location: ▪ Injury: ▪ How happened 	
SEVERITY:	
<ul style="list-style-type: none"> • Minor <input type="checkbox"/> • Considerable <input type="checkbox"/> • Severe <input type="checkbox"/> 	
FIRST AID INVOLVED	YES / NO
MEDICAL ATTENTION REQUIRED	YES / NO
NEXT OF KIN INFORMED	YES / NO
BY WHOM _____	
FORM COMPLETED BY: _____	
REFERRED TO DESIGNATE PERSON	YES/ NO
DESIGNATED PERSON SIGNATURE _____	