Accident Report Form

Fingal Triathlon Club	
Coach in Attendance:	

INJURED PARTY	
Name:	
Club:	
Home address:	

ACCIDENT DETAILS	
Form Completed By:	
Date:	**Exact Location:**
Time:	**Time Reported:**
Reported by who:	
Nature of Injury:	**How accident happened:** Describe what activity was taking place, for example swimming, cycling, running, transition etc
Name and contact details of witnesses	
First Aid Involved?	**Yes** **No**
Were the following contacted:	**Police/Garda** **Ambulance**
Parents Informed? **Yes** **No** **Not Applicable**	**By whom:** **When:**

Referred to Designated Safeguarding Children Officer (DSCO)?	**Yes** **No**
DSCO Signature	Date:
Any further action to be taken?	
Has Young Person returned to *NAME OF CLUB*? **Yes** **No**	**Signature of Management Representative** **Print name** **Position**

All of the above facts are a true record of the accident/incident.

Signed: _____ Date: _____

Name: _____

(In the event of an accident occurring through insufficient training or faulty equipment/facilities, follow up action to include completion of Risk Assessment Form)