



APPENDIX 6 GUIDELINES FOR REPORTING ACCIDENTS

In the event of an accident, the following procedure will be carried out:

- Fill in a copy of the Accident Form for **ALL** accidents.
- Make contact with parents/guardians if appropriate.
- Contact emergency services dial 999 or out of hours Caredoc 0818365399 (after 6pm weekdays and all weekend) if required. Sligo University Hospital 0719171111
- Record in detail all facts surrounding the accident, witness's etc. One copy of Accident Form to be placed in incident book/folder. Forward one copy of Accident Form to Designated Person (Conor Gormley- Club Administrator) for record keeping/ action required.



ACCIDENT FORM

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| COACH/ LEADER IN ATTENDANCE: |
| INJURED PARTY: |
| Name |
| Age/ DOB: |
| School: |
| Address: |
| Accident Details: <ul style="list-style-type: none"> • Date: • Time: • Exact Location • Injury • How it happened |
| Severity: <ul style="list-style-type: none"> <input type="radio"/> Minor <input type="radio"/> Considerable <input type="radio"/> Severe |
| First Aid Involved: YES / NO |
| Medical Attention Required: YES / NO |
| Parents Informed: YES / NO |
| By Whom: _____ |
| Form Completed By: |
| Date |
| Referred to Designated Person: YES / NO |
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