



## ACCIDENT REPORT FORM

Location:	Wodonga Sports & Leisure Centre	
Full name of person supervising the session		
Full name of injured person		
Age of the injured person		
Date of incident		
Time of incident		
Nature of injury, including location on body		
Name of any injuries / after effects which developed later		
Full details of the accident including how it happened, what activity was being performed, where it happened		
Witness name(s) and address(es)		
Action taken		
Ambulance called	Yes / No	
Facility manager informed	Yes / No	
Parents informed	Yes / No	
Details of first aid given		
Other actions		

### Section to be completed by the supervising member

I confirm that the above details are correct and accurate to the best of my knowledge

<b>Print Name</b>	
<b>Signature</b>	<b>Date</b>

Please ensure that this form is completely legible, signed and dated