



# ACADEMY of ACROBATICS and GYMNASTICS INTERNATIONAL INJURY/ACCIDENT REPORT FORM

Name of Coach: \_\_\_\_\_

Name of First Aid Provider: \_\_\_\_\_

## PERSONAL DETAILS OF INJURED PERSON

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

## ACCIDENT DETAILS

Date of Injury: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Time: \_\_\_\_\_

Where did the accident occur? \_\_\_\_\_

Describe Injuries: \_\_\_\_\_

State fully and clearly exactly what happened (if insufficient space add page/s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Was Medical Attention Secured? YES / NO

Doctor/Hospital: \_\_\_\_\_ On whose authority: \_\_\_\_\_

Subsequent treatment of pupil (if known): \_\_\_\_\_

## MANAGER/SUPERVISOR

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## APPENDICES

CAUTION: Do not destroy any objects or implements relevant to the accident without authority.

Attach:

1. Signed and dated statements of all pupils who witnessed the accident or have any direct knowledge of it. State ages of pupils.
2. Signed and dated statements of all coaches or other adults who witnessed the accident or have any direct knowledge of it.
3. Signed and dated statement by injured pupil (if practicable).
4. Photographs of the scene of the accident (if these are obtainable).
5. Sketch of the immediate area where the accident occurred.
6. A copy of the \*Oral instructions given to pupil regarding the area/equipment/activity concerned with the accident.

