



MINISTRY OF FOOTBALL

A fusion of indoor football and dance music
www.ministry-of-football.com

Coached and Directed by Mark Carter 07772 716 876 mark@ministry-of-football.com

ACCIDENT REPORT FORM

Coach in Attendance:

INJURED PARTY

Name..... Date of Birth.....

Home address:

.....

ACCIDENT DETAILS

Form completed by..... Date/time.....

Exact location..... Time reported.....

Reported by who.....

NATURE OF INJURY

Describe how accident happened:
(what activity was taking place, what happened)

Name and contact details of any witnesses:.....

First Aid involved:.....

Were the following contacted? Police / Ambulance

Parents Informed? Yes / No By Whom?..... When?.....

Referred to? Taken to hospital?

Did injured person return to MoF session or event?.....
(if so, to watch / play / compete?)

Any further action taken?.....

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

Signed

Print name

Position

Date
