****Accident Report Form

Club Membership No: 71630

Please complete the below information about any incident or accident that happens during a gymnastics session or event. Give as much detail as possible. Please use the information gathered in this form to complete the online accident report form for Scottish Gymnastics. This can be found at [www.sg-insurance.org](http://www.sg-insurance.org). Completed forms should then be left in the Accident report folder in the Saltire Team Gymnastics Head Office.

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| Type of Notification | Injury to a person  |
| Where did the accident happen? | Club / Competition / Course / Leisure Centre / Display or Festival / Camp or TripAddress: |
| Date |  | Time |  |
| Name of Injured Person |  |
| Membership No |  | DOB |  |
| Address |  |
| Phone No |  |
| Email Address |  |

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| Discipline |  |
| Equipment being used |  |
| Cause of incident | Contact with apparatus / contact with another person / contact with mats or floor / set up or putting away equipment / apparatus mechanical failureFurther Details:  |
| Details of the incident | Aborted move / take off injury / landing injury / double bounce / mount / dismount / over rotation / under rotation / unintended departure from the apparatus / warm-up / cool down / conditioning / horse playFurther Details:  |
| How did it happen? *(give as much specific detail as possible)* |  |
| Skill being attempted |  |
| Has the injured person successfully completed the skill before? | Yes / No  |
| Approximately how many times? |  |
| Was the injured party being supervised when the accident happened? | Yes / No |
| Where was the coach? |  |
| Supervising coach name: |  | Membership No: |  |
| How many people were being supervised? |  |
| Was the supervising coach qualified to teach this skill? | Yes / No |

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| Type of Injury | Soft Tissue – Bruising / laceration / ligament / muscle / tendon / skil / sprainBone – Break / fracture / dislocationOther – concussion / dental / nosebleed Further Details:  |
| Body part injured |  |
| What immediate action was taken? *(seen by first aider and ice pack applied / bandage etc)* |  |
| Recommendations / Further course of action |  |
| When was the parent/guardian informed of the incident? | 🞏 By phone immediately after it happened🞏 At the end of the session🞏 Other (give details) |
| Did the injured person attend hospital? | Yes / No |
| Was the injured person admitted to hospital for more than 24 hours? | Yes / No |
| Was the activity risk assessed prior to the accident? | Yes / No |

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| Name of person completing this form |  |
| Contact No: |  | Signed |  |
| Please provide the name(s) and contact number(s) of anyone who witnessed the incident (other coaches/volunteers) |  |
| Signed Parent / Guardian |  | Date: |  |