

NSW COMBINED INDEPENDENT SCHOOLS

ACCIDENT/ INCIDENT REPORT



Particulars of Person in Accident/Incident

Full Name		School	
Address			
Phone		Mobile	
		Date of Birth	

Description of Circumstances

Date of accident/incident		Time	
Sport & location of accident/incident			
Describe how accident/incident occurred			
Nature of injury/illness			
Person(s) present			
Signature of person completing form			
Print name			
Supervising staff member's signature (if student involved)			
Print name			

Treatment

Treating Staff Member	<input type="checkbox"/> First Aid/Sports Trainer	<input type="checkbox"/> Supervising Staff member
Print name		Signature
Type of Treatment received	<input type="checkbox"/> No treatment <input type="checkbox"/> family notified	<input type="checkbox"/> family not notified
First Aid		
Further action	<input type="checkbox"/> Taken to doctor <input type="checkbox"/> Taken home	<input type="checkbox"/> Taken to hospital <input type="checkbox"/> Returned to play
Date & time of treatment		

A copy of this form should be retained by the Convenor and the original sent to Lyndall Jesse asap ljesse@aisnsw.edu.au fax 92902274