



SCHOOL SPORT VICTORIA

ACCIDENT/INCIDENT REPORT FORM

DATE _____

TIME _____

SPORT _____

VENUE _____

CONVENER _____

Was an interview conducted? Yes No

If yes, with whom:

Names of witnesses:

Description of events leading up to the incident / accident:

Description of events:

Other action taken (e.g. first aid):

Was medical treatment necessary? Yes No

If yes, please supply a copy of the first aid report.

Signed

_____ CONVENER

_____ SUPERVISING TEACHER

_____ SUPERVISING TEACHER