



FOOTBALL & CHEER INCIDENT REPORT FORM

Who was involved in the incident?

Person Involved in Incident	Name: Parent / Guardian: Phone: E-Mail:
Person Reporting	Name: Phone: E-Mail:

Where and when did the incident occur?

Location	
Date & Time of Incident	_____ am pm

What type of incident was it?

<input type="checkbox"/> Player Injury <input type="checkbox"/> Coach / Parent Injury <input type="checkbox"/> Player Behavior <input type="checkbox"/> Coach / Parent Behavior including Verbal Abuse <input type="checkbox"/> Damage to Property
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If the incident was an injury, what activity was the child engaged in at time of the incident?

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Was any First Aid given? If so, what was it and who administered it?

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Were emergency services called? Who was notified from EYF&C?

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Please give an account of the incident:

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Was the incident avoidable? Please include your thoughts or suggestions.

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Were there witnesses to the incident?

Name: Address: Phone: E-Mail:	Name: Address: Phone: E-Mail:
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Sign & Date

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