

Accident Report Form



Club Membership No:

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 if a serious incident/accident (hospital visit). This can be found at www.sg-insurance.org. Completed forms should then be emailed to elgagymnastics@gmail.com

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

Discipline	
Equipment being used	
Cause of incident	contact with mats or floor / Contact with apparatus / contact with another person / set up or putting away equipment / apparatus mechanical failure Further Details:
Details of the incident	landing injury / warm-up / Aborted move / take off injury / mount / dismount / over rotation / under rotation / unintended departure from the apparatus / cool down / conditioning / horse play / double bounce Further Details:
Circumstances of the incident:	

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		

Type of Injury	Soft Tissue – Bruising / laceration / ligament / muscle / tendon / skull / sprain Bone – Break / fracture / dislocation Other – concussion / dental / nosebleed Further Details:		
Body part injured			
Details of first aid given			
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		

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:	