

RATHGAR TENNIS CLUB



Form 2 – Accident Report Form

COACH/ LEADER IN ATTENDANCE
INJURED PARTY Name
Age/ DOB
School
Address
Accident Details <ul style="list-style-type: none">• Date:• Time:• Exact Location• Injury• How happened
Severity <ul style="list-style-type: none">○ Minor○ Considerate○ Severe

FIRST AID INVOLVED	YES / NO
MEDICAL ATTENTION REQUIRED	YES / NO
PARENTS INFORMED NO BY WHOM	YES /
FORM COMPLETED BY:	
REFERRED TO DESIGNATED PERSON	YES / NO
DESIGNATED PERSON SIGNATURE	