



## Carlow LTC INCIDENT FORM

<b>COACH/ LEADER IN ATTENDANCE</b>	
<b>INJURED PARTY</b>	
Name	
Age/ DOB	
School	
Address	
<b>Accident Details</b>	
<ul style="list-style-type: none"><li>• Date:</li><li>• Time:</li><li>• Exact Location</li><li>• Injury</li><li>• How happened</li></ul>	
<b>Severity</b>	
<ul style="list-style-type: none"><li><input type="radio"/> Minor</li><li><input type="radio"/> Considerate</li><li><input type="radio"/> Severe</li></ul>	
<b>FIRST AID INVOLVED</b>	<b>YES / NO</b>
<b>MEDICAL ATTENTION REQUIRED</b>	<b>YES / NO</b>
<b>PARENTS INFORMED BY WHOM</b>	<b>YES / NO</b>
<b>FORM COMPLETED BY:</b>	
<b>REFERRED TO DESIGNATED PERSON</b>	<b>YES / NO</b>
<b>DESIGNATED PERSON SIGNATURE</b>	