

**SCHOOL SPORT ACT  
ACCIDENT REPORT FORM**

*This form is to be completed for any accident that occurs during trials, training or match conditions. Forms are to be returned to the School Sport ACT Executive Officer within 7 days.*

Name in Full:

School:

Event:

Place of Accident:

Date/Time of Accident:

Team Official in Charge:

Description of Events  
Leading to Accident:

Immediate Steps Taken:

Any Injuries Incurred:

Witnesses Account of the  
Accident:

Witness Signature:   
Team Official Signature: