BOYS & GIRLS CLUBS
OF THE MIDLANDS

Accident Report Form

Member First Name	Member Last Name	Age	Gender	Card #

Date of Incident	Time of Incident AM or PM	Club Location with Address	Called 911 Yes No

Member Address and Phone Number	Address of Incident (if not at the Club)

Form Completed by	Name/s of Witnesses, Phone # and Addresses

Parent/s Notified by ☐In Person ☐Phone ☐Email	Time Parents Notified

Name of Staff Member in Charge	Activity engaged in

Check All That Apply

Type of Apparent Injury/Incident

☐Open Wound/Cut
☐Broken Bone/Fracture
☐Pain/Bump/Bruise
☐Loss of Consciousness
☐Burn
☐Seizure
☐Sprain/Strain/Twist
☐Respiratory Condition
☐Allergy/Sensitivity Reaction
☐Dislocation
☐Poisoning
☐Other (explain)

Actions Taken by Staff/First-Aid Given

☐First Aid: Band-Aid
☐Ice Pack
☐Other (explain)

First-Aid Administered by Name & Position

Body Parts Affected (indicate left or right)

☐Head/Face
☐Ears
☐Eyes
☐Nose
☐Mouth/Teeth
☐Other:
☐Arms/Elbows
☐Hands/Wrists
☐Fingers
☐Abdomen
☐Hip/Pelvis
☐Groin
☐Buttocks
☐Torso/Side
☐Neck
☐Legs/Knees
☐Toes
☐Feet/Ankles
☐Chest/Shoulders
☐Back
☐None

Where Accident/Incident Occurred

☐Indoor
☐Room-Identify
☐Kitchen
☐Bathroom
☐Games Room
Other (explain):
☐Outdoor
☐Play Area
☐Field
☐Basketball Court
☐Gym

Cause of Accident/Incident

☐Slip or Trip
☐Struck by Object
☐Overexertion
☐Fall
☐Bites/Scratches/Kicks
☐Struck by Person
☐Fire
☐Electricity
☐Chemicals
☐Structures/Surfaces
☐None/Unknown
☐Other (explain)

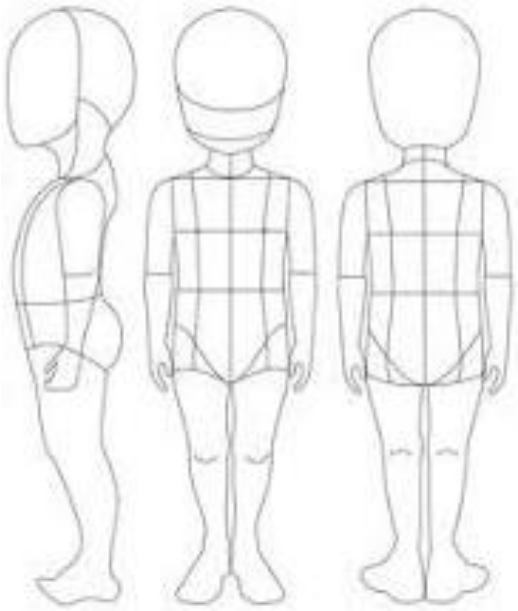
Was the member transported to Hospital or Physician's Office? ☐Yes ☐No Name of Hospital or Physician: Person who accompanied the member: Hospital or Physician Address & Phone Number

Accident Report Form

Parent/Guardian Comments	
Date and Time Incident Reported to DO/COO	Method of Report (check all that apply) ☐Phone ☐Email ☐In Person ☐Text

Signature of Person Making Report _____ Date _____

Club Director Signature _____ Date _____

Please identify the area of the *injury with an X*.  Side Front Back	Describe fully how the injury/accident occurred. Please be very specific and detailed; provide full synopsis of what happened.

Follow-Up

Person Contacted	Date
Status	