



CHESTERMERE UNITED FC

info@chestermereunited.com

(587) 352-9084

Incident Report Form

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Near Miss | Injury | | Disciplinary |

| | | |
|---------------------------------------|--|-------------------|
| Name of Team: | | Date: |
| Your Name: | | |
| Your Position: | | |
| Address: | | Post Code: |
| Child's Name: | | D.O.B.: |
| Child's Address: | | Post Code: |
| Parent's / Guardian's Names: | | |
| Parent's / Guardian's Address: | | Post Code: |
| Your Observations: | | |

| |
|---|
| Exactly what happened and what was said: (Remember; just put the facts – record actual details. Continue on separate sheet if necessary) |
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| Action taken so far: |
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Remember to maintain confidentiality - Only a 'need to know' basis & if it will protect the child.
Do not discuss this incident with anyone other than those who need to know.

NB. Copies of this form **must** be sent to the Club President & the Club Administrator



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Witness(es) statement if applicable: (Continue on separate sheet if necessary)

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External agencies contacted:

| | Yes | No | Name | ID # | Phone # | Date | Time |
|------------------|-----|----|------|------|---------|------|------|
| Police | | | | | | | |
| Ambulance | | | | | | | |
| Fire | | | | | | | |
| Social Services | | | | | | | |
| Child Protection | | | | | | | |
| Education Dept | | | | | | | |
| Other | | | | | | | |
| Advice given | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | |
|--------------------|--|
| Signature: | |
| Print name: | |
| Date: | |