

Gymnastics Accident Record Sheet

Accident Details

Date

Time

Location

Activity/Equipment involved

Coach/Supervisor

Injured Person Details

Name

Date of Birth

Gender

Accident Description

Describe how the accident happened

Nature of injury

Body part(s) affected

Immediate Action Taken

First aid provided

Person(s) who provided assistance

Further action required

Witness Information

Name(s) of Witness(es)

Contact Details

Signature

Recorded by

Date recorded