

### **Lebanon Youth Basketball**

#### **Accident Reporting**

The LYBL requires that all serious accidents/injuries which occur during one of our coaching sessions are recorded on the form below and delivered to the LYBL Board within 24 hours of the accident. This includes accidents involving parents, coaches, or other adults. The accident forms are kept for future reference.

There are a number of reasons for this documentation:

- 1. Details of the accident which occurred are accurately recorded at the time of the accident taking place
- 2. Details are readily available if any future actions/requests arise due to the accident taking place
- 3. It is good practice to keep accurate records of any accidents which occur in any sessions that you coach



## **Lebanon Youth Basketball**

## **Accident Report Form**

Please note: These details should be submitted to the LYBL Board within 24 hours.

| Injured Party:  |      |  |  |  |  |
|---|------|--|--|--|--|
| Full Name   |      |  |  |  |  |
| Address   |      |  |  |  |  |
| Phone Numbers   |      |  |  |  |  |
| Age (if under 16)                                       |      |  |  |  |  |
| Team Grade/Name   |      |  |  |  |  |
| Head Coach  |      |  |  |  |  |
| Activity at time of accident                            |      |  |  |  |  |
| Person reporting the accident (if different from above) |      |  |  |  |  |
| Full Name   |      |  |  |  |  |
| Address   |      |  |  |  |  |
| Phone Numbers   |      |  |  |  |  |
| Age (if under 16)                                       |      |  |  |  |  |
| Position with LYBL (i.e. coach, parent, assistant, etc) |      |  |  |  |  |
| Other Adult Witnesses                                   |      |  |  |  |  |
| Signature   | Date |  |  |  |  |



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| Date of Accid  | dent          |               |      | Time | AM / PM |  |  |
|--|---------------|---------------|------|------|---------|--|--|
| Location of A  | Accident      |               |      |      |         |  |  |
| Description of accident (including activity, equipment involved, place and cause)  |               |               |      |      |         |  |  |
|  |               |               |      |      |         |  |  |
| Body Part In   | jured         |               |      |      |         |  |  |
| Possible type of injury (sprain, laceration, bruise, dislocation, fracture, concussion, etc.   |               |               |      |      |         |  |  |
|  |               |               |      |      |         |  |  |
| Initial First Aid (ice applied, cut cleaned, etc.)   |               |               |      |      |         |  |  |
|  |               |               |      |      |         |  |  |
| What happened to the injured person following the accident? (i.e. carried on with session, went home, transported to hospital via ambulance/parents) |               |               |      |      |         |  |  |
|  |               |               |      |      |         |  |  |
| Were any of  | the following | ng contacted? |      | Yes  | No      |  |  |
| Parents/Guardians  |               |               |      |      |         |  |  |
| If yes, were the parents/guardians contacted later that day/night?   |               |               | d    |      |         |  |  |
| Police   |               |               |      |      |         |  |  |
| Ambulance  |               |               |      |      |         |  |  |
| Additional Information/Comments  |               |               |      |      |         |  |  |
|  |               |               |      |      |         |  |  |
| All of the above facts are a true record of the accident/incident.   |               |               |      |      |         |  |  |
| Signature  |               |               | Date |      |         |  |  |