



Incident Report Form

To be completed by an official and to be sent to LSL within 72 hours of the incident.

Tony Dunne, LSL, lsinsurance1896@gmail.com

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|---|--------------------|
| Club Name | CASTLEKNOCK CELTIC |
| Name of Injured Person | |
| Type of Member | Player / Official |
| Home Address of Injured Person | |
| Phone Number of Injured Person | |
| Date of Accident | |
| Training or Match | Training / Match |
| Location of Accident | |
| State the nature of the injury | |
| What first aid, if any, was provided? | |
| Did the Injured Person attend hospital? | Yes / No |
| State name and address of hospital | |
| State treatment administered if known | |



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| How did the Accident occur? | |
| Name of another LSL Official present | |
| Address | |
| Phone | |
| Name of another LSL Official present | |
| Address | |
| Phone | |
| Official Completing Form Name and role (Referee / Coach / Manager etc.) | |
| Official Contact Number | |
| Official Signature | |
| Date | |