



Form 10.2.4

PONY CLUB TASMANIA Inc.

ACCIDENT / INJURY / INCIDENT REPORT FORM

Please type or print.

Name of Pony Club		of	Zone
Member's Name			
	(surname)	(given name/s)	
Address	Date of birth		
	Postcode	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Type of membership	Place of accident / injury		
Day of week		Date	Time
What was the member doing?		How did the accident / injury occur?	
Was the member authorised to perform this task / function? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Was this event recorded in the Club minutes? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Nature & extent of accident / injury			
When was the accident / injury first reported			
By whom		To whom	
Name/s & telephone numbers of any witnesses		Name/s & telephone numbers	
1		1	
2		2	
Did the member receive first aid treatment? Yes <input type="checkbox"/> No <input type="checkbox"/>		Did the member stay for the remainder of the activity? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was it advised that an ambulance be called? Yes <input type="checkbox"/> No <input type="checkbox"/>		If so and parent/guardian refused it, they must sign here to signify that they take responsibility for it not being called.	
Was an ambulance used? Yes <input type="checkbox"/> No <input type="checkbox"/>		If so what time did it arrive?	
Name of hospital (if applicable)		Name of Doctor attending:	
Name/title/position of person completing this form:			
Name:		Title:	Position:
Name of Club Official in charge on the day:			Date:
Action taken			
NOTE: 1. This form MUST be completed by officials NOT the member.			
2. This form DOES NOT replace the Insurers Claim Form if a member wishes to claim.			