



Accident report form 2010 - 2011 *Bedford HC*



Please ensure that this form is completely legible and is signed and dated.

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| 1. Name and location of facility | |
| 2. Full name of coach supervising the session | |
| 3. Full name of the injured person (if applicable) | |
| 4. Full address of the injured person (if applicable) | |
| 5. Date of Incident/accident | Time of Incident/accident |
| 6. Nature of incident/accident and extent of injury (including location on body): | |
| 7. FULL details of the incident/ accident including;- how it happened, where it took place: | |
| 8. What activity was being performed (eg training game, getting changed, etc): | |
| 9. Witness name(s) and address(es): | |
| 10. Give full details of the action taken including any first aid treatment and the name(s) of the first aider(s): | |
| Police called: Yes / No | Ambulance called: Yes / No |
| Facility manager informed: Yes / No | Facility accident book completed Yes / No |
| Parent informed Yes / No | |
| 11. Other actions? | |

Section to be completed by supervising coach

I confirm that the above details are correct and accurate to the best of my knowledge.

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