

Bedford Hockey Club
Incident/accident report form

Site of incident/accident:

Date & time of incident/accident:

Name of person in charge of activity:

Name of injured person:

Address & Tel No of injured person:

Nature of incident/accident:

Details how and where the incident/accident took place. Describe the activity taking place, e.g. training game, getting changed, etc.

Give full details of the action taken including any first aid treatment and the name(s) of the first aider(s):

Were any of the following contacted?

Police: Yes No Ambulance: Yes No

Parent/carer: Yes No

What happened to the injured person following the incident/ accident? (e.g. went home, went to hospital, carried on with session)

Is any further action required by the Club? Yes No

If "Yes", the following action is required:

All of the above facts are a true and accurate record of the incident/accident.

SIGNED:

DATE:

Name:

Signature of Patient or Parent / Guardian (if under 16)

SIGNED: