

# Redditch Hockey Club



## Incident / Accident Report Form

***PLEASE RETURN TO JUNIOR WELFARE OFFICER***

	<i>Please complete as necessary</i>
Site where Incident / accident took place	
Name of person in charge of session / competition	
Name of injured person	
Address of injured person	
Date and time of incident / accident	
Nature of incident / accident	
Give details of how and precisely where the incident / accident took place. Describe the activity taking place (eg training / match etc)	
Give full details of the action taken including any first aid treatment and name(s) of the first aider(s)	
Police Contacted	Yes / No
Ambulance Contacted	Yes / No
Parent / Carer Contacted	Yes / No
What happened to the injured person following the incident / accident? (eg went home, hospital, carried on with session)	

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

Signed		Date	
Name			