



# WEST BRIDGFORD HOCKEY CLUB

## Accident Report Form



(Please answer all questions, continue on back of form if needed)

Name and Location of facility	
Full name of supervising coach/captain	
Full Name of injured person	
Age of injured person	
Date of incident	
Time of incident	
Nature of injury (Include area of body affected)	
Full details of the accident including how it happened, activity being performed, where it happened:	
Witness name(s) and Address(es)	
Action taken, including details of any treatment	

Ambulance called	Yes/No	Injured person taken to hospital	Yes/No
Injured person unconscious	Yes/No	Head injury sustained	Yes/No
Head injury leaflet given	Yes/No		
Facility manager informed	Yes/No	Facility accident book completed	Yes/No

Other actions taken:

### Section to be completed by the supervising coach/captain

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

Print name	
Signature	Date

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