**Exeter Hockey Club Incident/Accident Report Form**

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| 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 what activity was taking place, e.g. training tame, getting changed, etc. (continue overleaf if necessary) |  |
| 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) |  |

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

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return this form to the Club Secretary