

INCIDENT REPORT FORM

ST ALBANS HOCKEY CLUB

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

1. Name and location of facility	
2. Full name of coach supervising the session	
3. Full name of the injured person	
4. Full address of the injured person	
5. Age of the injured person	
6. Date of accident	Time of accident
7. Nature of injury, including location on body	
8. Nature of any injuries/after-effects which developed later	
9. FULL details of the accident including:- how it happened; what activity was being performed; where it happened (if off pitch);	
10. Witness name(s) and address(es)	
11. Action taken:	
Police called:	Yes / No
Facility manager informed:	Yes / No
Parent informed	Yes / No
12. Details of first aid given	
13. Other actions?	

Section to be completed by supervising coach/leader

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

Print name:	
Signature:	Date: