



## **CRONKBOURNE BACCHANALIANS HOCKEY CLUB**

### **INCIDENT/ACCIDENT REPORT FORM**

Name of person in charge of session/competition

Site where incident/accident took place

Date of incident/accident

Name of injured person

Address of injured person

Nature of incident/injury and extent of injury

Describe what activity was taking place, for example training/game/getting changed.

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

Were any of the following contacted?

- Parents/carers            Yes             No
- Police                      Yes             No
- Ambulance                Yes             No

What happened to the injured person following the incident/accident?

E.g., carried on with session, went home, went to hospital etc.

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

Signed

Date

Name

In the event of an accident occurring through insufficient training or faulty equipment/facilities, follow up action to include completion of risk assessment form (Template 8).