

# MID SUSSEX HOCKEY CLUB

## Incident/Accident Report Form



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, e.g. training game, getting changed, etc.	
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 (Person Supervising e.g. First Aider, Captain, Coach, Umpire, etc):	
NAME (BLOCK CAPITALS):	
DATE:	
SIGNED (Injured person or parent/carer if injured person U18):	
NAME (BLOCK CAPITALS):	
DATE:	