



4.2b ACCIDENT REPORT FORM

Name and location of facility where accident occurred - include full address and postcode:		
Full name of coach (or team captain**) supervising the session:		
Full name of injured person:		Age of the injured person:
Full address of injured person:		
Date of incident:	Time of incident:	
Nature of injury/accident:	Injury location on body:	
Action taken/details of first aid given:	Injuries/after effects which developed later:	
Details of the incident including the nature of the activity, when and where it occurred:		
Witness name(s) and address(es) - include full address and postcode:		
Hospital visit necessary*? Yes / No	Concussion involved*? Yes / No	Ambulance called? Yes/No
NOK/Parents informed? Yes / No	Police called? Yes/No	
Facility accident book completed? Yes / No	Facility supervisor informed? Yes / No	
Additional Notes:		
Section to be completed by the supervising coach (or team 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 and dated, and returned without delay to: Club Secretary, Mrs Jo Stevenson, 78 Ilchester Road, Yeovil, Somerset, BA21 3BL		

* If hospital visit is necessary, or concussion, accident is to be reported to England Hockey by Club Secretary.

** Team captain if the accident took place before, during or after a senior match.