**Basingstoke Hockey Club Accident Report Form**

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

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| 1. Name and location of facility |  |
| 2. Full name of coach/captain 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 | Ambulance called: Yes / No |
| Facility manager informed Yes/No | Facility accident book completed Yes / No |
| Parent informed Yes / No |  |
| 12. Details of first aid given | |
| 13. Other actions? | |

**Section to be completed by supervising coach/captain**

Iconfirmthat the above details are correct and accurate to the best of my knowledge

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| Print name: |  |
| Signature: | Date: |