



RICHMOND HOCKEY CLUB JUNIORS

Accident Report Form

Date and time of incident: _____.

Site where incident took place: _____.

Name of person in charge of session/competition: _____.

Name of injured person: _____.

Address: _____

Telephone number: _____.

Nature of incident – please be as precise as possible e.g. 1cm cut high on left cheek: _____

Give details of how and where the incident took place. Describe what activity was taking place e.g. warming up before match, training etc.

_____.



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Give full details of the action taken including any First Aid treatment and at the bottom list name(s) of all First Aider(s) involved: _____

_____.

Were any of the following contacted?:

Ambulance: yes/no

Parent/carer: yes/no

Police: yes/no

What happened to the injured person following the incident e.g. stopped activity, advised to go to hospital, went home:

All of the above facts are a true and accurate record of the incident

SIGNED Casualty / Parent: _____ **Date:**

First Aider _____

Coach _____

Witness _____