



West Bridgford Monarchs Hockey Club ACCIDENT REPORT FORM

Name & location of facility			
Full name of coach/ captain supervising the session			
Full name of injured person			
Age of the injured person			
Date of incident			
Time of incident			
Nature of injury, including location on body			
Full details of the accident including how it happened, what activity was being performed, where it happened			
Witness name(s) and address(es)			
Action taken, including details of any treatment			
Ambulance called	Yes-/ No	Injured person taken to hospital	Yes/ No
Injured person unconscious	Yes/ No	Head injury sustained	Yes/ No
		Head Injury information leaflet given	Yes/ No
Facility manager informed	Yes / No	Facility accident book completed	Yes / No
Other actions			

Section to be completed by the supervising coach/ 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, dated and stored safely.