



# AMERSHAM & CHALFONT HOCKEY CLUB

Revision 1.00  
Issue date Jan 2005  
Page 1 of 2

## INCIDENT/ACCIDENT REPORT FORM

1. Site where incident/accident took place: .....

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

.....  
.....

3. Name of injured person: .....

4. Address of injured person: .....

.....  
.....

5. Date and time of incident/accident: .....

6. Nature of incident/accident: .....

.....  
.....

7. Give details of how and precisely where the incident/accident took place.  
Describe what activity was taking place, eg training game, getting  
changed, etc.

.....  
.....

8. Give full details of the action taken including any first aid treatment and the  
name(s) of the first aider(s):

.....  
.....



# AMERSHAM & CHALFONT HOCKEY CLUB

Revision 1.00  
Issue date Jan 2005  
Page 2 of 2

9. Were any of the following contacted:

Police: Yes  No

Ambulance: Yes  No

Parent/guardian: Yes  No

10. What happened to the injured person following the incident/accident? (eg went home, went to hospital, carried on with session)

.....  
.....

11. All of the above facts are a true and accurate record of the incident/accident.

SIGNED: ..... DATE: .....

Name: .....

Completed forms to be forwarded to the chairman of the hockey committee