

## Surbiton Hockey Club

### 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 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, e.g. training game, getting changed, etc.
8. Give full details of action taken including any first aid treatment & the name(s) of the first aider(s):

9. Were any of the following contacted:

Police:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ambulance:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Parent/guardian:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

10. What happened to the injured person following the accident? (e.g. 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: .....

**Please Return to Liselle Carey, Colts Administrator  
junioradmin@surbitonhc.com**