

LANSDOWN HOCKEY CLUB

www.lansdownhockey.co.uk



ACCIDENT / INCIDENT REPORT FORM

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

Name and location of facility	
Witness name(s)	
Full name of the injured person	
Full address of the injured person	
Age of the injured person	

Date of accident		Time of accident	
Nature of injury, including location on body:			
Full details of the accident including;- how it happened; what activity was being performed; where it happened (if off pitch):			
Details of first aid given and by whom:			
Police called:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Ambulance called:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Facility manager informed:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Facility accident book completed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent/Carer informed	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Nature of any injuries/after-effects which developed later:			

Section to be completed by supervising Lansdown Hockey Club Member

I confirm that the above details are correct and accurate to the best of my knowledge

Print name:	
Signature:	Date:

Please return completed forms to (Club Secretary) as soon as possible.