

# TUNBRIDGE WELLS HOCKEY CLUB

Founded 1898



## Accident Report Form

Location:

Date:

Name of Coach in Charge:

### **Name of Injured Person**

Address

Age

### **Details of Accident**

Date

Time

Details of accident, including how and where it happened and who was involved

Nature of Injuries and after effects

Action Taken including detail of first aid

Witnesses Details

### **What parties were informed and when**

Parent:

Junior Coordinator

Facilities Manager:

Police:

Ambulance:

Post Accident Follow-up:

#### **To be Completed by Coach/Leader**

Name

Signature

Date

#### **To be completed by Parent**

Name

Signature

Date

**Copies to be:** retained by coach, sent to junior coordinator, given to parent