



## ACCIDENT / INCIDENT REPORT FORM

(TO BE USED FOR MEDICAL/DISCIPLINE/CHILD PROTECTION ISSUES)

### NOTES:

- Contact emergency services or GP if required.
- If a Junior player make contact with the parents or guardians.
- Fill in the form to the best of your ability completing all the boxes. If required write on the reverse.
- Forward this copy and a soft copy to the First Aid Co-Ordinator [ochcfirstaid@gmail.com](mailto:ochcfirstaid@gmail.com)

<b>NAME OF INJURED PERSON</b>	<b>AGE GROUP / TEAM</b>
<b>VENUE OF ACCIDENT/INCIDENT</b>	<b>COACH / CAPTAIN NAME</b>
<b>TIME OF ACCIDENT/INCIDENT</b>	<b>HEAD INJURY? YES <input type="checkbox"/> NO <input type="checkbox"/></b> <b>If yes please follow our first aid policy –</b> <a href="https://www.ochockeyclub.org/policies/">https://www.ochockeyclub.org/policies/</a>
<b>NAME OF INDIVIDUALS WHO DEALT WITH ACCIDENT/INCIDENT</b>	
<b>NATURE OF ACCIDENT/INCIDENT AND EXTENT OF INJURY</b>	
<b>DETAILS LEADING UP TO ACCIDENT/INCIDENT</b>	
<b>DETAILS OF ALL CLUB MEMBERS AND OTHER PARTIES INVOLVED, INCL. WITNESSES</b>	
<b>DETAILS OF ACTION TAKEN, INCL. ANY FIRST AID AND / OR HOSPITAL TREATMENT</b>	
<b>WERE ANY OF THE FOLLOWING CONTACTED?</b> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Parent/Guardian/Partner <input type="checkbox"/> Doctor <input type="checkbox"/>	
<b>ALL OF THE ABOVE FACTS ARE A TRUE AND ACCURATE RECORD OF THE ACCIDENT/INCIDENT</b>	
<b>Signed:</b> _____ <b>Date</b> _____ <b>Name of Coach / Captain</b>	
<b>Signed:</b> _____ <b>Date</b> _____ <b>Name of First Aider</b>	
<b>Signed:</b> _____ <b>Date</b> _____ <b>Name of Parent/Guardian</b>	