



Gerrards Cross Hockey Club

Dukes Lane, Gerrards Cross, Bucks, SL9 7JZ T: (01753) 886610

Accident – Incident Reporting Form

Complete this form as soon as possible after the accident and submit to the welfare officer

Childs Name

Address

.....

.....

Date and time of accident

Site where accident happened

Nature of the accident (give details of how and precisely where the accident took place.

Give full details of the action taken including any first aid treatment

Where any of the following contacted? (please circle)

Police Y N Ambulance Y N Parent / Carer Y N

What happened to the injured person after the accident? e.g. went home, went to hospital, carried on

Name

Signed Date