Tunbridge Wells HC
Incident/Accident report form

Please ensure that this form is completely legible and is signed and dated.

1. Name and location of facility	
2. Full name of coach supervising the session	
3. Full name of the injured person (if applicable)	
4. Full address of the injured person (if applicable)	
5. Date of Incident/accident	Time of Incident/accident
6. Nature of incident/accident and extent of injury (including location on body):	
7. FULL details of the incident/ accident including;- how it happened, where it took place:	
8. What activity was being performed (eg training game, getting changed, etc):	
9. Witness name(s) and address(es):	
10. Give full details of the action taken including any first aid treatment and the name(s) of the first aider(s):	
Police called: Yes / No	Ambulance called: Yes / No
Facility manager informed: Yes / No	Facility accident book completed Yes / No
Parent informed Yes / No	
11. Other actions?	

Section to be completed by supervising coach

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

Print name:	
Signature:	Date:

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