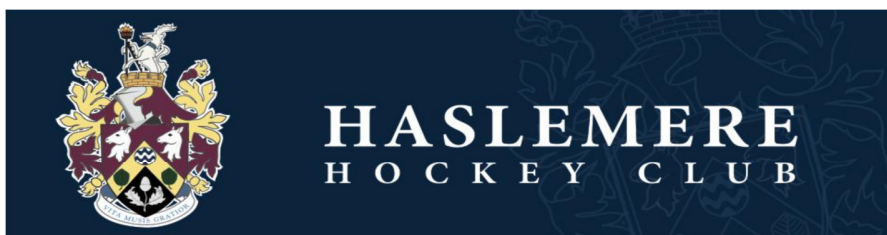


INCIDENT REPORT FORM

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

1. Name and location of facility	
2. Full name of coach supervising the session	
3. Full name of the injured person	
4. Full address of the injured person	
5. Age of the injured person	
6. Date of accident	Time of accident
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. Give full details of the action taken including any first aid treatment and the name(s) of the first aider(s):	
10. What happened to the injured person following the incident (eg. went home with parent/partner, went to hospital, carried on with session).	



INCIDENT REPORT FORM

11. Witness name(s) and address(es):			
Police called:		Yes / No	Ambulance called:
Facility manager informed:		Yes / No	Facility accident book completed
Manager's Name –			Yes / No
Parent informed :		Yes / No	First Aiders Name:
12. Other actions:			

Section to be completed by supervising coach/leader

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

Print name:	
Signature:	Date:

After Incident

Report and discuss follow up actions with:-

- Director of Junior Hockey (juniors@haslemerehockey.com) and Child Welfare Officer (cwo@haslemerehockey.com) **for all incidents involving U18s.**
- or Director of Hockey, (dh@haslemerehockey.com).
- Send completed form to Director of Junior Hockey or Director of Hockey.