



SIDMOUTH & OTTERY HOCKEY CLUB



INCIDENT REPORTING FORM

Please ensure that this form is completely legibly and that it is signed, dated and sent immediately to Judy Micklethwait at sohccwo@hotmail.com

1. Name and location of incident	
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. Nature of injury, including location on body	
7a. Did injury occur during Open Play or Penalty Corner?	
7b. Did injury involve a) ball b) stick or c) body?	
8. Nature of any injuries/after-effects which developed later	
9. FULL details of the accident including;- how it happened; what activity was being performed; where it happened (if off pitch);	

10. Witness name(s) and address(es)			
11. Action taken:			
Police called:		Yes / No	Ambulance called:
			Yes / No
Facility manager informed:		Yes / No	Facility accident book completed
			Yes / No
Parent informed		Yes / No	Parent Name Informed:
12. Details of first aid given			
13. Other actions?			

Please continue over if necessary.

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: