Incident/Accident Reporting Form

October 2021

*This form should be used to record any incidents or accidents that occur at our club.*

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| **Your Name:** | **Player name:** |
| **Your Role:** | **Team:** |
| **Your contact number: Address:** |
| **Details of incident:** *include description of any injuries, persons involved, first aid treatment, medicial support etc.***Date/time of incident:** |
| **Has the Emergency contact been notified? If yes, what has been agreed?** | **Emergency Contact Name:** |
| **Has the incident been fully dealt with? How?** |
| **Is any further action needed? Yes/No** |

This form should be kept for a minimum of 3 years, unless the individual involved leaves the club. Send this form once completed to our SHC Welfare Officer at **stratfordhockeywelfare@outlook.com**