



CHELMSFORD HOCKEY CLUB

JUNIOR SECTION

INJURY INCIDENT REPORT FORM

Name and location of facility			
Full name of coach supervising the session			
Full name of injured person			
Age of the injured person			
Date of incident		Time of incident	
Nature of injury, including location on body			
Nature of any injuries / after effects which developed later			
Full details of the incident including how it happened, what activity was being performed, where it happened			
Witness name(s) and address(es)			
Action taken			
Police called	yes / no	Ambulance called	yes / no
Facility manager involved	yes / no	Facility accident book completed	yes / no
Parents informed	yes / no	Chelmsford Burgh Council informed	yes / no
Details of first aid given			
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

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