Armagh Hockey Club – Accident Report Form	
Coach in Attendance:	

INJURED PARTY	
Name:	
Club Team:	
Home address:	

ACCIDENT DETAILS		
Form Completed By:		
Date:	**Exact Location:**	
Time:	**Time Reported:**	
Reported by who:		
Nature of Injury:	**How accident happened:** Describe what activity was taking place, for example training/game/getting changed	
Name and contact details of witnesses:		
First Aid Involved?	☐ **Yes** ☐ **No**	
Were the following contacted:	**Police** ☐ **Ambulance** ☐	

Parents Informed? ☐ **Yes** ☐ **No**	**By whom:**
	When:
Referred to Designated Person?	☐ **Yes** ☐ **No**
Designated Person's Signature	**Date:**
Any further action to be taken?	
Has player returned to *Armagh Hockey Club* ☐ **Yes** ☐ **No**	**Signature of Management Representative**
	Print name **Position**

All of the above facts are a true record of the accident/incident.

Signed: Date:

Name:

Please submit this completed form to the Hon Club Sec.
Email: armaghhockeyclub@gmail.com