



Woking Blackhawks Incident / Accident Report Form

(To be completed in BLOCK CAPITALS)

Site where incident/accident took place:	
Name of person in charge of session/competition:	3
Name of injured person:	4
Address of injured person:	5 6
Date and time of incident/accident	7
Nature of incident/accident	8
Give details of how and precisely where the incident/accident took place. Describe what activity was taking place, e.g. 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	
Were any of the following contacted: 21 Police: Yes <input type="checkbox"/> No <input type="checkbox"/> Ambulance: Yes <input type="checkbox"/> No <input type="checkbox"/> Parent/carer: Yes <input type="checkbox"/> No <input type="checkbox"/>	
What happened to the injured person following the incident/ accident? (e.g. went home, went to hospital, carried on with session)	
All of the above facts are a true and accurate record of the incident/accident.	
NAME of Injured Party (Printed)	