



Chiltern Hockey Club
Incident / Accident Report Form

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

Name of facility	
Name of coach supervising the session	
Name of the injured person (if applicable)	
Date and time of incident	
Full details of the incident including how it happened, where it took place and what activity was taking place:	
Nature and extent of any injury (including location on body), action taken and treatment:	
Witness name(s) and address(es):	
Emergency Services called: Yes / No	Parent Informed: Yes / No
Other relevant information:	
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: