



# Accident Report Form Old Bordenian HC



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

1. Name and location of facility	Old Bordenian HC, Borden Grammar School, Sittingbourne, Kent ME10 4DB		
2. Full name of coach supervising the session			
3. Full name of the injured person (if applicable)			
4. Full address of the injured person (if applicable)			
5. Date of accident	Time of accident		
6. Nature of accident and extent of injury (including location on body):			
7. FULL details of the accident including;- how it happened, where it took place:			
8. What activity was being performed (eg training game, getting changed, etc):			
9. Witness name(s) and address(es):			
10. Give full details of the action taken including any first aid treatment and the name(s) of the first aider(s): Louise applied an ice pack and stopped bleeding with tissu			
Police called:	Yes/No	Ambulance called:	Yes/No
Facility manager informed:	Yes/No	Hospital	Yes/No
Parent informed	Yes/No		
11. 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: