



## Ball Hockey UK Accident Reporting Form (for child)

In the event of an accident, the following procedure should be followed:

1. Contact emergency services / GP if required.
2. Fill in 2 copies of this form for **all** accidents.
3. Make contact with parents / carers.
4. Record in detail all facts surrounding the accident, including witnesses, etc.
5. Form to be kept (securely) by the club.
6. Sign off on any action required from club president.

### Contact information – responsible adult

Name of coach in attendance	
Address	
Contact number(s)	
Email	
Name of organisation	

### Injured person information – child / young person

Name				
Address				
Date of birth				
Gender (optional)	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Non-binary <input type="checkbox"/>	Another description (please state) <input type="checkbox"/>
Has the child / young person returned to the organisation following the accident?	No <input type="checkbox"/>	Yes <input type="checkbox"/>		

Accident information			
Date of accident		Time of accident	
Date reported		Time reported	
Who reported the accident?			
Location of accident			
Details of injury			
Nature of and how accident happened			
Did anyone witness the accident?	No <input type="checkbox"/>	Yes – please give name(s) and details of witness(es) <input type="checkbox"/>	
Was first aid involved?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>	
Have parents / carers been notified?	No <input type="checkbox"/>	Yes – please state by whom and when <input type="checkbox"/>	
Recommended action to be taken			
Referred to designated person(s)?	No <input type="checkbox"/>	Yes – please have them sign declaration at end <input type="checkbox"/>	
Form completed by (print your name)			
Your signature	x		

Declaration – designated person	
Signature of club representative	x
Print name	
Role	
Today's date	