





Clubmark Resource: Accident Report Form

What is this?

- This is an Accident Report Form that can be used by all of your club members when an accident has occurred
- It also includes guidelines for anyone dealing with an accident
- It should be used along with the Procedure for Dealing with Accidents (also provided as part of Clubmark)

Why is it important?

• The club needs to keep a record of accidents for insurance purposes as well as understanding how accidents can be avoided in the future

How can it be used?

- This form should be circulated to all club personnel that are in a position to record accidents. Alternatively, you can keep copies of the form in the first aid kits available.
- It should then be passed onto the relevant person in the club who monitors accidents (see the Procedure for Dealing with Accidents)
- If printing this document, it should be printed back to back so that people also can read the guidelines

Thanks go to the following for permission to reproduce and adapt original Clubmark documents to which Hockey Ireland is very grateful:

- Ulster Hockey Union
- Sport NI













ACCIDENT GUIDELINES

- Stay calm but act swiftly and observe the situation. Is there danger of further injuries?
- Listen to what the injured person is saying.
- Alert the first aider who should take appropriate action for minor injuries.
- In the event of an injury requiring specialist treatment, call the emergency services.
- Deal with the rest of the group and ensure that they are adequately supervised.
- Do not move someone with major injuries. Wait for the emergency medics.
- Contact the injured person's parent/carer.
- Complete the Accident Report Form and return it to ______ (insert appropriate club person here)

	About the person reporting the accident:		
Full Name:			
Occupation/Role:			
Address:			
Contact Number:			
Signature:		Date:	









ACCIDENT REPORT FORM

	About the person who had the accident:	
Full Name:		
Occupation/Role:		
Address:		
Contact Number:		
	Other personnel involved:	
Full Name:		
Address:		
0		
Contact Number:		
Involvement:		
•	'	
	About the accident:	
	About the accident.	
Where it happened:		
Date it happened:		
Time it happened:		
Brief description:		
Cause:		
Cause:		
What action was taken		
at the time?		
Is there any outstanding		
action that needs to be taken?		

