



HORSHAM HOCKEY CLUB

THE CRICKETFIELD, CRICKETFIELD ROAD, HORSHAM, WEST SUSSEX
TELEPHONE: HORSHAM 01403 254628

First Aid and Injury reporting Form

Name of Coach / person in control		
Name of Injured person		
Is injured person under 18?	Yes / No	
Facility name and location		
Date of Injury		
Time of Injury		
	Circle or tick as appropriate	
Activity being performed?	Match	Training
Player profile	Male player	Female player
Treatment type	On pitch (first aid only)	Medical / Hospital / Ambulance
When did the injury occur	Open play (in game)	Penalty Corner
Cause of Injury	Ball	Stick contact
	Body to Body contact	Other
What part was affected	Head	Upper body
	Neck	Lower body
	Face	Other
What type of injury was it	Concussion	Bruising / Cut or wound
	Fracture / Break	Other
	Sprain / Strain / Ligament	
If a head injury, was concussion protocol followed?	Yes / No	
Was any protective equipment used	Face mask	Shin Pads
	Gun shield	Other
	Please provide any extra details if required	
Full details of what happened.		

Summary of treatment			
Parents Informed?	Yes / No / N/A	Ambulance Called?	Yes / No
Action required once complete	<ol style="list-style-type: none"> 1. Email this form to welfare@horshamhockeyclub.com 2. Inform your section club captain for either Men's, Ladies or Juniors. 3. If the accident requires pitch side treatment from a medical professional, a hospital visit or further visit to a GP, please report the accident to England Hockey using the injury reporting procedure 4. https://www.englandhockey.co.uk/governance/duty-of-care-in-hockey/injury-reporting 		