

WEST VANCOUVER FIELD HOCKEY CLUB INCIDENT REPORT FORM

To be completed by the Safety Person ONLY in the event of a serious incident, after the Emergency Action Plan has been completed and the player is safely taken care of.

NAME:			
ROLE IN TEAM:			
TEAM NAME:			
LOCATION OF INCIDENT:			
DATE AND TIME OF INCIDENT:			
NAME(S) OF PLAYER(S) INVOLVED:			
DESCRIBE HOW THE INCIDENT HAPPENED:			
DESCRIBE ANY INJURIES <i>(to the best of your knowledge)</i> :			
WAS THERE A HEAD INJURY/POSSIBLE CONCUSSION? <i>(to the best of your knowledge)</i> :			
DESCRIBE STEPS TAKEN:			
SIGNATURE:		DATE:	

Please complete this form and email it to emma@wfhc.com