

MCC HOCKEY SECTION - ACCIDENT/INJURY REPORT FORM

(Please read these notes BEFORE completing this form)

1. To ensure that injured players are in the best position to be able to claim on the section's insurance cover, it is important to notify accidents/injuries as soon as possible.
2. Details provided on this form will be entered into the sections' accident report register.
3. If an insurance claim is made, details on this form and the central register will be made available to the person making the claim.
4. Please use some common sense when notifying accidents/injuries. (eg. A strained hamstring, or a bruised finger is highly **unlikely** to lead to extensive medical treatment and a claim, so a report may not be needed; while a torn Achilles tendon, or knocked-out teeth, could be very costly and probably result in a claim). **If in doubt, notify the accident/injury.**
5. If an accident/injury results in a player having to be hospitalised or seek urgent medical attention, **ALWAYS** notify the club by completing and submitting one of these forms.

(Please print or write legibly)

THE INJURED PERSON

Name	Address	Contact phone No.
Is this person an MCC player or official?	NO. please state whether the person was a player/official for an opposing team (which club?), a spectator or passer-by, or whatever else.	
YES (tick)		

WHERE AND WHEN

Team, grade, competition	Venue where accident occurred	Approximate time of accident	Date of accident	Match or training?

WHAT HAPPENED

Brief description of injury	How did the injury occur?	Was there any treatment on the spot? If so, describe briefly.
Did the injured person have to go to hospital or seek medical attention immediately? (if yes, where did he/she go?)		Names of witnesses to incident – if any. (Please give contact phone numbers if not MCC players)

Name of person making this report	Position in MCC team (eg. Captain, coach, team manager)	Contact phone number

Please email completed form to: mcchs.sec@gmail.com