

Irish Pony Club Accident Form



Branch:

Report of: Member Injury Property Damage Horse Injury

The Activity

Date: Time: Venue:

Description of Location:

Field Indoor School Outdoor Arena Countryside Stable Lorry / Trailer

Name of Instructor:

Activity:

Flatwork Showjump Cross Country Mounted Games Eventing
Hunter Trials Tetrathlon Dressage Other (please specify)

Rider Details

Name of Person Involved: Age:

Address:
..... Postcode:

Name of Parent or Guardian (if different)

Owner of Horse or Pony:

Rider Injury

Was the Rider Injured? No Injury* Minor Injury* Significant Injury* Major Injury*

(*Please see the Health, Safety Statement for definitions of injuries)

Was a Body Protector Worn? Yes No Was the Hat Kitemarked / Tagged? Yes No

Did the Rider Complete the Lesson / Event? Yes No

Was First Aid Given? First Aid Paramedic / Doctor A&E None Given

What was the Injury?

The Horse

Name of Horse or Pony:

Was the Horse:

Ridden On lead rein Loose Tethered / tied up

Did the Horse Fall? Yes No Was the Horse Injured? Yes No Killed / Destroyed

Did the Horse Require Veterinary Attention? Yes No

Was there any Damage to Property?

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.....
.....

Please Turn Over

Description of Accident

Name(s) and Address(es) of Witness(es)

District Commissioner Details

Name:

Address:

Postcode:

Tel: DC's Signature:

Form Completed By

Name: Tel: Email:

Please send a copy of this form to:

Please also send a copy of the original Medical Injury Report Form completed by the Event First Aid Provider.

Irish Pony Club Office:

Mary Fitzpatrick,
Tinnascarty,
Freshford.
Co. Kilkenny

Need any help?

Contact: Mary Fitzpatrick
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