



# Injury Record and Reporting Form.

**Name of Injured Person:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Gender:**  M  F

**Injured person:**  Player  Referee  Coach  Manager  Spectator  Other

**Injured person's Team and Division (eg u13-3):** \_\_\_\_\_

**Venue at which injury occurred:** \_\_\_\_\_

**Date and time of injury:** \_\_\_\_\_

**Type of activity at time of injury:**

Training or practise  Competition  Other

**Nature of injury / illness:**

- Dehydration
- Open Wound (Laceration / Cut)
- Sprain
- Dislocation Or Fracture (Including Suspected)
- Loss Of Consciousness or Concussion (Including Suspected)
- Respiratory Problem (Including Asthma)  Other \_\_\_\_\_

**Body region injured:** \_\_\_\_\_

**Cause of injury:**

- Struck by other player
- Collision with other player/referee
- Collision with fixed object
- Fall, slip or trip
- Temperature related eg heat stress
- Other \_\_\_\_\_

Briefly explain how injury occurred and was there any contributing factors (playing surface, foul play, weather)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names and phone number of any witnesses \_\_\_\_\_

**Protective equipment:**

Was protective equipment worn on the injured body part:  Yes  No

Type of equipment:

Shin pad  Mouthguard  Strapping  Ankle brace  Other \_\_\_\_\_

**Referral or Care rendered:**

- First Aid: \_\_\_\_\_
- No referral
- Referred to doctor
- Referred to physiotherapist
- Ambulance transport to hospital.

**Injury reported by:**

Print your name and phone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please ensure injured person has been given insurance forms to take with them to the hospital/doctor.**