

INCIDENT / INJURY REPORT FORM



Ref:

About the Person who had the Incident/Injury

Full name:	<input type="text"/>		
Address:	<input type="text"/>		
Postcode	<input type="text"/>	Age (if under 18):	<input type="text"/>
Activity being undertaken at time of incident/injury:	<input type="text"/>		

About the Person Reporting the Incident/Injury

Full name:	<input type="text"/>		
Address:	<input type="text"/>		
Postcode	<input type="text"/>	Age (if under 18):	<input type="text"/>
Role:	<input type="text"/>		
Signed:	<input type="text"/>	Date:	<input type="text"/>

About the Incident/Injury – When and Where:

Date it took place:	<input type="text"/>	Time:	<input type="text"/>
Where it took place (room or location):	<input type="text"/>		

About the Incident/Injury – What Happened?

How did the incident/injury happen? What was the cause?	<input type="text"/>
--	----------------------

If there were any injuries, what were they? (Use diagram to indicate location and potential type injury)

Front

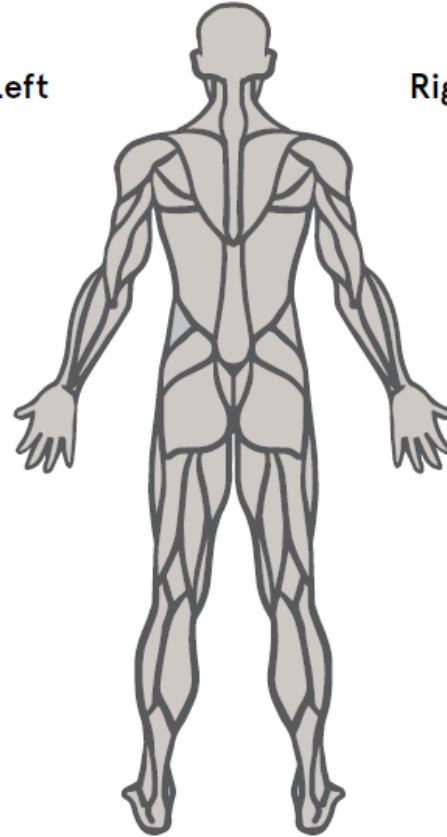
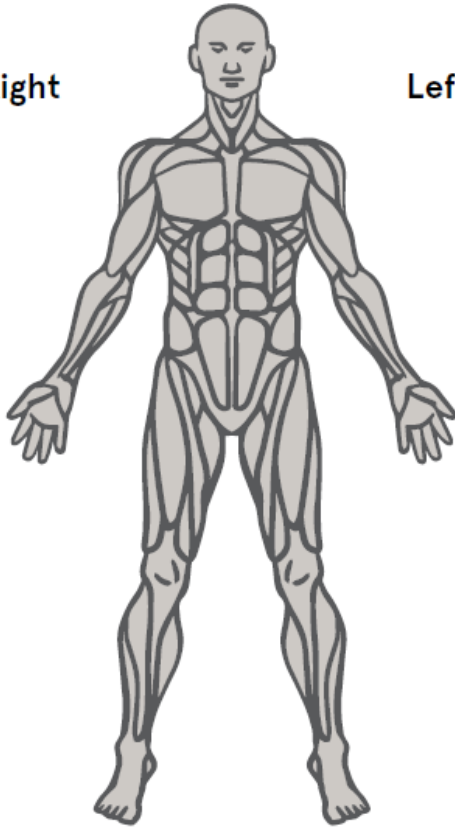
Back

Right

Left

Left

Right



Additional Information

Action Taken

Ambulance
called

Taken to
hospital

Advised to seek
further medical
attention

Player/Parent
signature:

Date: