Attachment 3 Injury Report Form

INJURY REPORT FORM

Injured Players Name:			
Parent/Caregivers name:			
Contact Number:		**Contact Email:**	
Team Coach:			
Contact Number:		**Contact Email:**	
Age Group:			
Team name:	❑ **Rangers** ❑ **Rovers** ❑ **United** ❑ **Wanderers** ❑ **Strikers** ❑ **City** ❑ **Girls** ❑ **FSA Boys**		
Date of Report:	/ /	Date of Incident:	/ /
Location of Injury:			
Happened at:	❑ Training ❑ Match	Time of Incident:	AM / PM
Did the player attend Hospital?	❑ Yes ❑ No	Body part Injured	
Was an ambulance called?	❑ Yes ❑ No		

CAUSE OF INJURY
- ❑ Struck by another player
- ❑ Struck by a ball/object
- ❑ Collision with another player
- ❑ Collision with fixed object
- ❑ State of the playing surface
- ❑ Overexertion
- ❑ Overuse
- ❑ Landing
- ❑ Slip/Trip/Fall/Stumble
- ❑ Temperature related
- ❑ Other:

SUSPECT NATURE OF INJURY/ILLNESS
- ❑ Soft Tissue
- ❑ Hard Tissue
- ❑ Wound/Open/Graze/Abrasion
- ❑ Fracture/Broken Bone
- ❑ Dislocation
- ❑ Blister
- ❑ Concussion
- ❑ Vomiting
- ❑ Respiratory
- ❑ Loss of Consciousness
- ❑ Unspecified Medical
- ❑ Illness e.g. Cold/Flu
- ❑ Other:

INITIAL MANAGEMENT
- ❑ None Given
- ❑ Referral (see below)
- ❑ RICER + Warning
- ❑ Sling/Splint
- ❑ Immobilise
- ❑ Wound
- ❑ Asthma
- ❑ Strapping
- ❑ Massage
- ❑ CPR
- ❑ Rest/Monitor
- ❑ Other:

REFERRAL
- ❑ Medical Practitioner
- ❑ Ambulance
- ❑ Hospital
- ❑ Other:

ADVICE GIVEN
- ❑ Immediate return to activity
- ❑ Returned with restrictions

Detail restrictions:

- ❑ Unable to return to activity
- ❑ Unable to return Until:

INJURED PLAYER REPORT

Has the injured player been informed that if the injury/illness DOES NOT improve within the following 24 hours they SHOULD seek medical treatment.

❑ Yes ❑ No

	Please write in your own words what you saw or heard in regarding the injury?
	Additional Information

Name: **Date:** / /

Signature: