MUDEFORD PHOENIX G.L.F.C. INJURY REPORT FORM

Injury details: *This report reflects an accurate record of the injured person's reported symptoms of injury*

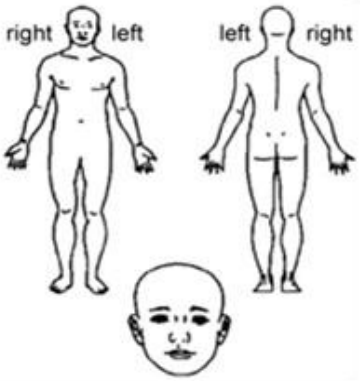
Name of person injured:	DOB: (Day/Month/Year) / /
Date when injury occurred: / /	Date when injury is evident: / /
Person injured: Player Coach Other:	Gender: M F
Supervising coach: _____ (Signature)	Witness: _____ (Signature)

First aid provided by: _____ (Signature)	Time of first aid: :	Initial treatment: No treatment required
Nature of injury: New injury / Aggravated injury / Recurrent injury / Other:		CPR RICER Crutches Sling/splint Dressing Strapping Massage Stretching
Did the injury occur during… Training Match Other:		

Symptoms of injury:

Blisters	Inflammation/swelling	Spinal injury
Bleeding nose	Cramp	Cardiac problem
Bruising/contusion	Suspected bone fracture/break	Electrical shock
Cut	Dislocation	Burn
Graze/abrasion	Concussion/head injury	Insect bite/sting
Sprain	Loss of consciousness	Poisoning
Strain	Respiratory problem	Other:

Body part injured:



How did the injury occur?

Collision with a fixed object	Overbalance
Collision/contact with another person	Overstretch
Fall from height/awkward landing	Slip/trip
Fall/stumble on same level	Other:

Extra detail regarding how the injury occurred:

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

Follow up action:

None	Medical practitioner/physiotherapist	Hospital
Ambulance	Other:	

Signature of person completing form: _____ Date: / /

Note: Coaches without medical training should refer all medical decisions to appropriately qualified persons. Do not attempt to 'diagnose' an injury. Users of this form are advised that medical information should be treated confidentially.

PARENT/GARDIANS .....
(signature)