



Injury Report Form

Details of Injured Person:	
Name of person injured:	Team / Grade:
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Status: <input type="checkbox"/> Player <input type="checkbox"/> Coach / Support Staff <input type="checkbox"/> Spectator / Other	

Details of Injury / Treatment:	
Date / Time of Injury:	What were they doing:
Venue / Location:	<input type="checkbox"/> Warm-up / Cool-Down
First Aid provided by:	<input type="checkbox"/> Training / Practice
	<input type="checkbox"/> Game / Match
	<input type="checkbox"/> Other: _____
This is a: <input type="checkbox"/> New Injury <input type="checkbox"/> Aggravation of an existing Injury <input type="checkbox"/> Illness / Other	
Equipment worn: <input type="checkbox"/> Mouthguard <input type="checkbox"/> Shin Guards <input type="checkbox"/> Face Shield	
<input type="checkbox"/> Goal Keeper Kit <input type="checkbox"/> Helmet	
Nature of Injury / Illness: <i>Brief description of the injury</i>	
Body part injured:	
How did the injury occur:	
<input type="checkbox"/> Collision / contact with other person	<input type="checkbox"/> Struck by ball / stick
<input type="checkbox"/> Collision / contact with fixed object	<input type="checkbox"/> Fall / Awkward landing
<input type="checkbox"/> Other: _____	
Action Taken:	
<input type="checkbox"/> Ice Applied <input type="checkbox"/> Compression / Elevation	<input type="checkbox"/> Wound Dressing / Band Aid
<input type="checkbox"/> Referred for Medical Review / Follow-up	<input type="checkbox"/> Ambulance Called
<input type="checkbox"/> Other: _____	
Were they able to continue playing / training? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the players Next of Kin (NOK) been advised: <input type="checkbox"/> Yes <input type="checkbox"/> No	
NOK / Contact Details: _____	
Was the injury recorded on the Match Card? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	

Note: (1) Any Head Injury should be assessed using the Concussion Recognition Tool
 (2) Send a copy of the completed form to WebsiteAdmin@burnsidehockeyclub.com.au



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