## **Injury Report Form**



Injury details: This report refle	ects an accurate reco	ord of the injured p	persons reported	d symptoms of	ʻinjury				
Name of Person injur	red:					DOB:		/	
Date when injury occ		/	/		Date injury	is evident:		/	/
Person injured: Athlete Coach Spectator Other						Gender:	N	И Б	
			<u> </u>		Mitracool	00	-		
Supervising coach (if	app):				Witness:	I			
First Aid Provided By:						Initial Treatment:			None Req'd
Nature of Injury:	New Injury Aggrava			Aggravated	l Injury	CPR			RICER
	Recurent Injury Other:_					Crutches			Sling/Splint
Did the injury occur during					Dressin				Strapping
Training	Event	С	Other:			Ma	ssage		Stretching
Symptoms of injury:									
Blisters			nflammation	Spinal Injury					
Bleeding Nose			Cramp			Cardiac Pr			
Bruising / Contusion			Suspected b			Electrical S	Shock		
Cut			Dislocation					Burn	
Graze / abrasion			Concussion/	Insect bite / Sting			/ Sting		
Sprain Strain			Loss of consciousness Respiratory Problem			Poisoning Other:			
right left left right									
	) AK	Was appropriate protective equipment being				worn?		Yes	No
	P	Was additional medical assistance required?				NO			
		Ambulance			Hospital	NO	GP	ı	Physio
Any modifications to Have parents / carer's			-		If yes pro	ovide details	s of wh	at was said/	action agreed.
Name of person com	nleting the form	) <b>.</b>			Signature:			Date:	1 1

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