# INCIDENT REPORT FORM

This form is to be used to report all injuries, illnesses, or near misses, whether an injury occurred or not, and (where possible) returned to the Club Secretary within 48 hours of any incident.

**SECTION A:** TO BE COMPLETED BY ATTENDING ADULT (eg. PARENT, COACH, TEAM MANAGER)

**PERSON INVOLVED IN INCIDENT** (Please print)

| Title | Surname | First Name | Date of Birth |
|---|---|---|---|
| (please tick) Playing Member ☐ Non-playing Member ☐ Visitor/Other ☐ | | | Male ☐ Female ☐ |
| Contact telephone number | | Email Address | |

Date incident/near miss occurred: __/__/__

Time incident/near miss occurred: _____ am/pm

Location where injury/incident occurred (please print):

_____

**PART OF BODY AFFECTED** (TICK APPROPRIATE ANSWERS)

| **Head** | **Trunk** | **Internal** | **Arm** | **Hand** | **Leg** | **Foot** |
|---|---|---|---|---|---|---|
| ☐ eye | ☐ neck | ☐ heart | ☐ left | ☐ left | ☐ left | ☐ left |
| ☐ ear | ☐ hip | ☐ lungs | ☐ right | ☐ right | ☐ right | ☐ right |
| ☐ nose | ☐ chest | ☐ systemic | ☐ shoulder | ☐ thumb | ☐ knee | ☐ great toe |
| ☐ mouth | ☐ stomach | | ☐ upper arm | ☐ fingers | ☐ lower leg | ☐ other toes |
| ☐ Teeth | ☐ groin | | ☐ elbow | ☐ palm | ☐ ankle | |
| ☐ face | ☐ back | | ☐ forearm | | ☐ thigh | |
| ☐ skull | ☐ multiple | | ☐ wrist | | ☐ upper leg | |

☐ not applicable

**Nature of Injury** (tick appropriate answers)

| | | | | | |
|---|---|---|---|---|---|
| ☐ abrasion | ☐ puncture | ☐ heart attack | ☐ sprain | ☐ burn | ☐ traumatic shock |
| ☐ bruise | ☐ laceration | ☐ hearing loss | ☐ strain | ☐ scald | ☐ electric shock |
| ☐ fracture | ☐ amputation | ☐ foreign body | ☐ hernia | ☐ rash | ☐ psychosocial |
| ☐ concussion | ☐ bite | ☐ minor cuts | | ☐ allergy | ☐ chemical |

☐ Aggravation of previous injury or medical condition.

☐ not applicable

**Type of Incident which caused Injury** (tick appropriate answers)

| | | | | |
|---|---|---|---|---|
| ☐ striking against | ☐ stumbling | ☐ lifting | ☐ pushing | ☐ ingestion |
| ☐ struck by | ☐ slipping | ☐ bending | ☐ pulling | ☐ absorption |
| ☐ caught in | ☐ tripping | ☐ twisting | ☐ jumping | ☐ inhalation |
| ☐ stepping on | ☐ falling | ☐ stress | ☐ motor vehicle | ☐ needlestick |
| ☐ other: describe | | | | |

☐ not applicable

Description of the incident:

_____

_____

_____

_____

Ambulance Called: YES / NO

Medical Attention Needed:

_____

_____

**PREVENTION OF ACCIDENT/INCIDENT/NEAR MISS RECURRENCE**

What action (if any) could be taken to prevent this incident occurring again?

_____

_____

_____

_____

Signed by Coach/Team Manager _____ Name _____ Date _____

Signed by Secretary receiving report _____ Name _____ Date _____