

St Mary's Injury/Incident Report



Use this form to report any injury to player, umpire, official or volunteer
A copy of this form should be retained by you. The original must then be forwarded to your age group co-ordinator

Details of the person involved in the injury/incident:

Surname: _____ Given Names: _____

Date of Birth: _____ Sex: M F (please circle)

Team Name/ Age Group: _____

Contact Number of individual/player/parent/guardian _____

Email _____

Details of the incident

Date of incident: _____ and Time: _____ am/pm

Location: _____

Where did the event happen? Be specific, _____

_____ Witness (if any) _____

Details of the incident

Type(s) of injury eg. strain, cut, break

Part(s) of the body injured:

Injury/Incident: what action/exposure/event directly caused the injury/illness.

Please note, if possible, the seriousness of injury: very low (1) > medium (3) > very high (5): _____

Treatments: None First Aider/Trainer Nurse Doctor Ambulance Hospital Other _____

Outcome: Continued to play/train/umpire Unable to play /train/umpire Absent more than 1 day Unknown
Admitted to hospital? Yes No

When did/will the individual return to **playing** _____ **training** ? : _____

Name of the person completing this form

Name: _____ Date: _____

Contact Number: _____ Email _____