



INJURY REPORT

NAME OF PERSON INJURED: _____

DATE AND TIME OF INJURY: _____

WHAT TEAM DOES THE PERSON BELONG TO: _____ BOYS/GIRLS

FORM COMPLETED BY: _____

WHERE WERE YOU WHEN THE INJURY HAPPENED:

LEISURE CENTRE

BMPS

DARLEY PS

WHAT PART OF THE BODY IS INJURED:

LEFT

RIGHT

SHOULDER

ARM

WRIST

FINGER

LEG

KNEE

ANKLE

FOOT/TOE

OTHER: _____

**PLEASE NOTE IF HEAD INJURY PLEASE REFER TO HEAD INJURY ADVICE SHEET*

WHAT HAPPENED/HOW DID THE PERSON GET INJURED:

DID THEY REQUIRE FIRST AID: YES NO

IF YES, WHAT DID YOU DO: ie Ice pack, bandage, band aid, lollypop

WAS ANYONE ELSE INJURED: YES NO
IF YES, PLEASE COMPLETE ANOTHER INJURY REPORT FOR EACH PERSON

DID ANYONE WITNESS THE INJURY: YES NO

NAME OF WITNESS: _____

CONTACT NUMBER: _____

DID YOU NOTIFY THE NEXT OF KIN: YES NO

WHO DID YOU SPEAK TO: _____

TIME NOTIFIED _____ AM/PM

SIGNATURE OF PERSON COMPLETING FORM: _____

****PLEASE RETURN COMPLETED FORM TO YOUR TEAM MANAGER****

