****

**Accident Report Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of incident |  |  | Time of incident |  |
| Venue |  | | | |

**Injured person**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □ Player | □ Match Official | □ Coach | □ Spectator | □ Other |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  |  | DOB |  | |
| Address |  |  | Age |  |  |
| Postcode |  |  | Gender | □ Female | □ Male |

**Type of activity at time of injury**

|  |  |
| --- | --- |
| □ Training | □ Cool Down |
| □ Warm-up | □ Other *please specify* |
| □ Competition |  | |

**Reason for presentation**

|  |  |
| --- | --- |
| □ New Injury | □ Illness |
| □ Aggravated injury | □ Other *please specify* |
| □ Recurrent injury |  | |

Body parts injured *circle and name*

|  |  |
| --- | --- |
| *photo (2)* |  |

**Nature of injury/illness**

|  |  |  |
| --- | --- | --- |
| □ Bruise/contusion | □ Inflammation/swelling | □ Loss of consciousness |
| □ Skin injury e.g. cut, blisters | □ Fracture (including suspected) | □ Overuse injury |
| □ Sprain e.g. ligament tear | □ Dislocation/subluxation | □ Respiratory problem |
| □ Strain e.g. muscle tear | □ Concussion | □ Cardiac problem |
| □ Other *please specify* |  |  |

**Cause of injury**

|  |  |  |
| --- | --- | --- |
| □ Collision with other player | □ Slip/trip/fall/stumble | □ Collision with fixed object |
| □ Fall from height | □ Overexertion | □ Struck by other player |
| □ Awkward landing | □ Struck by ball/object | □ Overuse |
| □ Jumping to shoot or defend |  |  |
| □ Other *please specify* |  |  |

|  |
| --- |
| Explain how the incident occurred |
|  |

|  |
| --- |
| Were there any contributing factors to the incident e.g. unsuitable footwear, playing surface, equipment, foul play etc |
|  |

**Initial treatment**

|  |  |  |
| --- | --- | --- |
| □ None given (not required) | □ Immobilisation | □ Strapping/taping |
| □ CPR | □ Ice | □ Stretch/exercises |
| □ Dressing | □ Sling/splint | □ Transport from field/court |
| □ Other *please specify* |  | |

**Advice given**

□ Immediate return to activity

□ Return to play with restriction

□ Unable to return at present

□ Referred for further assessment before returning to activity

|  |  |  |
| --- | --- | --- |
| **Notice** | Tick | Initial |
| The injured person was advised that if injury/illness does NOT improve in the following 24-hours they MUST seek further advice from their own medical professional | □ |  |

**Provisional severity assessment**

□ Mild (1-7 days modified activity)

□ Moderate (8-21 days modified activity)

□ Severe (>21 days modifice or lost)

**Referral**

|  |  |
| --- | --- |
| □ No referral | □ Ambulance |
| □ Medical practitioner | □ Hospital |
| □ Physiotherapist |  |
| □ Other *please specify* |  | |

All of the above facts are a true and accurate record of the accident;

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Injured party** |  | **Parent/Guardian**  (if aged under 18-yrs) |  | **Treating person** |
| Name |  |  |  |  |  |
| Signature |  |  |  |  |  |