Football South Burnett CA

_____ Club

Injury Report Form

Name of person injured: **Team:** MALE / FEMALE	**DOB:** (Day/Month/Year)
When did injury occur: Date: Time:	Date when injury is evident:

Person injured: ☐ Player ☐ Coach ☐ Referee ☐ Club official ☐ Spectator

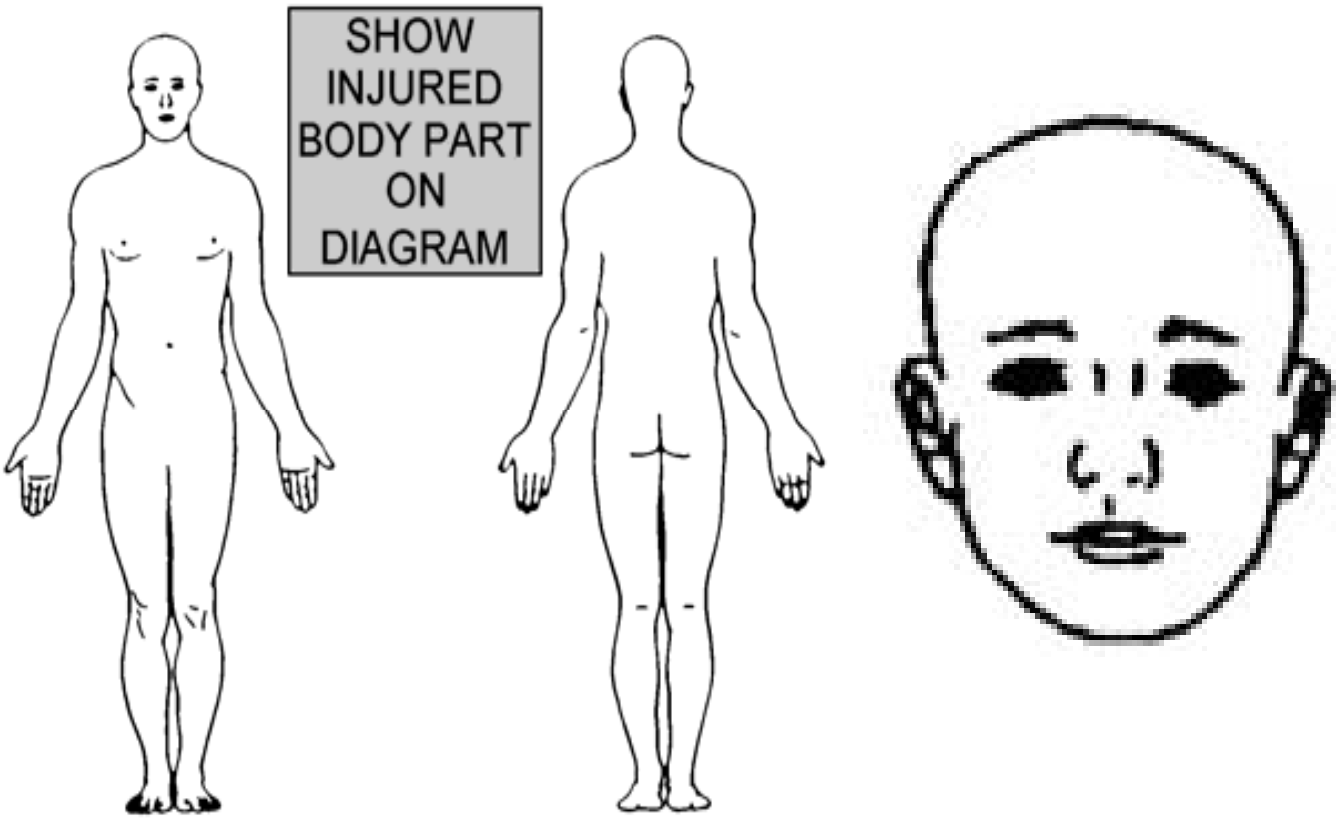
Supervising Coach:	**Witness:**
First Aid provided by:	**Time of First Aid:**

Nature of injury: ☐ New injury ☐ Recurrent injury ☐ Aggravated injury Other:

Did the injury occur during: ☐ Training ☐ Event ☐ Other:

Symptoms of injury:

☐ Blisters	☐ Cramp	☐ Cardiac problem
☐ Bleeding/haemorrhage	☐ Suspected bone fracture/break	☐ Electrical shock
☐ Bruising/contusion	☐ Dislocation	☐ Burn
☐ Cut	☐ Concussion/head injury	☐ Insect bite/sting
☐ Graze/abrasion	☐ Loss of consciousness	☐ Poisoning
☐ Sprain/strain	☐ Respiratory problem	☐ Other:
☐ Inflammation/swelling	☐ Suspected spinal injury	



Was protective equipment worn on the injured body part? YES / NO

Detail of P.E.

How did the injury occur?

- ☐ Collision with a fixed object
- ☐ Collision with another person
- ☐ Hit by sport equipment (describe)
- ☐ Fall from a height / awkward landing
- ☐ Fall / stumble on same level
- ☐ Overbalance
- ☐ Overstretch
- ☐ Slip / trip
- ☐ Other:

Extra detail regarding how the injury occurred and details of the injury:

(Document what happened, what was felt & where, pain "out of 10", is there pain elsewhere, has the part been injured before, what does it look like, compare to other side, look for swelling, deformity, range of movement)

*If needed remember **CRAP** (**C**onsciousness, **R**espiration, **A**ppearance of skin, **P**ulse)*

Initial treatment: ☐ No treatment required ☐ CPR ☐ Dressing ☐ Massage ☐ Observation ☐ RICE ☐ Sling / splint ☐ Strapping ☐ Stretching ☐ Other:

Continued to play? ☐ No ☐ Yes ☐ Yes against advice

Removal from field: ☐ Walk self ☐ Walk assisted ☐ Carry ☐ Stretcher ☐ Ambulance

Follow up action: ☐ None ☐ Medical practitioner / physiotherapist ☐ Hospital ☐ Ambulance ☐ Other:

Recommended follow-up of casualty:

Name & Signature of person completing form: Date:

Name & Signature of person accepting recommendations and responsibility for casualty: Date: