

Marshall's Football Club  
Incident/Injury Report Form

**Part 1 – Personal Details:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Telephone No \_\_\_\_\_

**Part 2 – Incident / Injury Details:**

When did the incident occur? \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Where did the incident occur?

Did the injured person continue the activity after receiving first aid?

Yes  No

Was the injured person taken home after receiving first aid?

Yes  No

Was the injured person admitted to hospital?

Yes  No

Was the injured person kix of kin infromed?

Yes  No

Cause of incident

Injuries received and location of injury

Details of treatment given by the first aider:

Name of first aider (print name)

Signature of first aider: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Player / Parent /other \_\_\_\_\_ Date \_\_\_\_\_

Action to prevent reoccurrence