



# INJURY REPORT FORM

Please fill out the below form & email to [incident@adelaidehockeyclub.com.au](mailto:incident@adelaidehockeyclub.com.au).

## DETAILS OF INJURED PERSON/INCIDENT

Name: \_\_\_\_\_

Team: \_\_\_\_\_

Age: \_\_\_\_\_

Adult: \_\_\_\_\_

Under 18: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Activity at the time of incident:

Match

Training

Location/ Venue of incident: \_\_\_\_\_

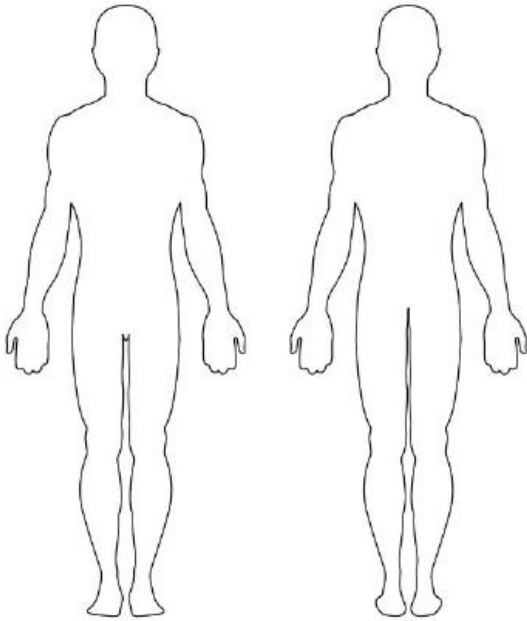
Cause of incident:

Ball

Stick

Body/ collision

Location of injury (please mark on body map):



Details of injury/incident: \_\_\_\_\_

Action taken:

None

Removal from field

Refusal to leave field

Assessed by onsite medical

Referral:

None

Medical Practitioner

Emergency room/ department

Ambulance

## DETAILS OF PERSON COMPLETED THE FORM

Name: \_\_\_\_\_

Team: \_\_\_\_\_

Position/ role: \_\_\_\_\_

Date (form completed): \_\_\_\_\_

## CLUB USE

Date recorded: \_\_\_\_\_

Medical clearance required: NO YES

Clearance advise/form received: N/A NO YES