

INCIDENT REPORT FORM

Details of the injured person

Name: _____ DOB: __/__/____

Address: _____

Contact email/mobile: _____

Role of the injured person (please circle): Player / Coach / Umpire / Spectator / Other _____

Details of the incident:

Venue: _____ Team: _____

Activity being conducted: _____ Date: _____ Time: _____

Parent/guardian advised: Yes/No

Name of person contacted: _____ How contacted: _____

By whom: _____

Nature of the injury (provide a brief description of events):

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Was first Aid administered: Yes / No Administered by: _____

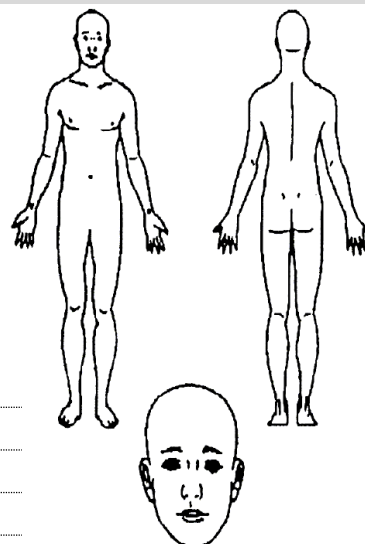
Transported to medical attention Yes / No Where to: _____

What medication/treatment given?

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Injury details (tick and circle location of injury)

<input type="checkbox"/> Head	<input type="checkbox"/> Upper Back	<input type="checkbox"/> Groin
<input type="checkbox"/> Face	<input type="checkbox"/> Lower Back	<input type="checkbox"/> Knee
<input type="checkbox"/> Teeth	<input type="checkbox"/> Arm	<input type="checkbox"/> Leg
<input type="checkbox"/> Neck	<input type="checkbox"/> Wrist	<input type="checkbox"/> Thigh
<input type="checkbox"/> Shoulder	<input type="checkbox"/> Hand	<input type="checkbox"/> Ankle
<input type="checkbox"/> Chest	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Foot
<input type="checkbox"/> Other		



Action Taken:

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Person Completing the form:

Name: _____ Date: _____ Time: _____

For Personal Injury Claim form contact Secretary@toowoombacricket.com.au or download the form from <https://au.marsh.com/sport/cricket-australia/clubs.html>