



ADELAIDE COMETS FC

# INCIDENT AND INJURY REPORT FORM

VERSION 1.0

FEBRUARY 2011



# Adelaide Comets FC Incident and Injury Report Form

Status:  Player  Parent  Spectator  
 Other

## 1. DETAILS OF INJURED PERSON

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_ Sex:  M  F

\_\_\_\_\_ Date of birth: \_\_\_\_\_

\_\_\_\_\_ Club: \_\_\_\_\_

Team: \_\_\_\_\_ (Under 12 A's etc...)

## 2. DETAILS OF INCIDENT

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Describe what happened and how: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 3. DETAILS OF WITNESSES

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

## 4. DETAILS OF INJURY

Nature of injury (eg broken, cut, sprain) \_\_\_\_\_

Cause of injury (eg fall, tackle) \_\_\_\_\_

Location on body (eg foot, knee) \_\_\_\_\_

## 5. TREATMENT ADMINISTERED

First Aid given  Yes  No

First Aider name: \_\_\_\_\_

Treatment: \_\_\_\_\_

Referred to: \_\_\_\_\_



**SECTION 6-9 MUST BE COMPLETED BY CLUB COACH**

**6. DID THE INJURED PERSON STOP PLAYING?**

Yes       No      If yes, state date: \_\_\_\_\_ Time: \_\_\_\_\_

**Outcome:**

Treated by doctor       Hospitalised       Missed Training

Returned to next Training       Missed next Match       Other

**7. INCIDENT INVESTIGATION (comments to include causal factors):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. RISK ASSESSMENT**

Likelihood of recurrence: \_\_\_\_\_

Severity of outcome: \_\_\_\_\_

Level of risk: \_\_\_\_\_

**9. ACTIONS TO PREVENT RECURRENCE**

Action	By whom	By when	Date completed

**10. ACTIONS COMPLETED**

Signed (Club Coordinator): \_\_\_\_\_ Title: \_\_\_\_\_

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

Feedback to person involved

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

**11. REVIEW COMMENTS**

Junior Coordinator: \_\_\_\_\_

Reviewed by Club Coordinator (signed): \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by President (signed): \_\_\_\_\_ Date: \_\_\_\_\_