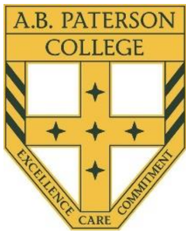


A.B. Paterson College Netball Club

# INCIDENT REPORT FORM - INJURY

This report is to be used by the Coach or Team Manager to formally document an injury that has occurred whilst playing or training with the A.B. Paterson College Netball Club as detailed in paragraph 6.2.4 of the Player Handbook.

| Injury details: *This report reflects an accurate record of the injured person's reported symptoms of injury* | | |
|---|---|---|
| Name of person injured: | DOB: (Day/Month/Year) / / | |
| Date when injury occurred: / / | Date when injury is evident: / / | |
| Person injured: ☐ Player ☐ Coach ☐ Other: | Gender: ☐ M ☐ F | |
| Supervising coach: ____________________ (Signature) | Witness: ____________________ (Signature) | |
| First aid provided by: ____________________ (Signature) | Time of first aid: : | Initial treatment:<br>☐ No treatment required<br>☐ CPR ☐RICE<br>☐ Crutches ☐ Sling/splint<br>☐ Dressing ☐ Strapping<br>☐ Massage ☐ Stretching |
| Nature of injury: ☐ New Injury ☐ Recurrent Injury | ☐ Aggravated Injury ☐ Other: | |
| Did the injury occur during…<br>☐ Training ☐ Event | ☐ Other: | |

| Symptoms of injury: | | |
|---|---|---|
| ☐ Blisters | ☐ Inflammation/swelling | ☐ Spinal Injury |
| ☐ Bleeding Nose | ☐ Cramp | ☐ Cardiac Problem |
| ☐ Bruising/contusion | ☐ Suspected bone fracture/break | ☐ Electrical Shock |
| ☐ Cut | ☐ Dislocation | ☐ Burn |
| ☐ Graze/abrasion | ☐ Concussion/head injury | ☐ Insect bite/sting |
| ☐ Sprain | ☐ Loss of consciousness | ☐ Poisoning |
| ☐ Strain | ☐ Respiratory problem | ☐ Other: |

| Body part injured: | How did the injury occur? | |
|---|---|---|
| right left left right | ☐ Collision with a fixed object | ☐ Overbalance |
| | ☐ Collision with another person | ☐ Overstretch |
| | ☐ Fall from height/awkward landing | ☐ Slip/trip |
| | ☐ Fall/stumble on same level | ☐ Other: |
| | Extra detail regarding how the injury occurred: | |

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

| Signature of person completing form: | Date: / / |
|---|---|