

BORDERTOWN FOOTBALL CLUB

INCIDENT REPORTING FORM

Date of incident/accident: _____ Time of incident: _____ am/pm

Injured member/guest: _____ Age: _____

Membership number: _____

Address: _____

Telephone: (Home) _____ (Work) _____

Location of incident: _____

Describe in full how the incident occurred and what actions were taken:

(Write down everything you can remember, no matter how insignificant it may seem)

Describe the injury in detail and indicate the body part(s) affected:

Did any medically trained members (doctors, nurses) assist? Provide details:

Staff member present:

Witnesses (include name/address/phone):

Was the emergency plan activated: _____ Was an ambulance called? _____

Was the individual taken to hospital? YES / NO

If yes, what hospital? _____

If no, did he/she refuse medical attention? _____

Was the family notified? _____ Who? _____

On the back of this page, or on separate sheets, please document any observations or comments regarding this incident you feel are important. The more information the better.

Name (please print): _____ Signature: _____

Position: _____ Date: _____ Time: _____ am/pm

Follow-up notes: _____

Contact made by: _____ Date: _____

Condition of member: _____