



# GREYTHORN FOOTBALL CLUB - INCIDENT REPORT

PLAYER NAME:.....

TEAM:.....

**Incident  
Number**

**This form is intended to assist in the gathering of information as well as allowing more personal info such as names etc. that may be required for statutory purposes.**

## NOTIFICATION

**Ground**

**Incident Date**

**Incident Time**

**Where exactly did the incident occur (On Ground, in Club Rooms etc) ?**

**What happened?**

**Define any immediate action taken to prevent recurrence:**

**Who was the Coach & Team Manager and/or Trainer**

**When was incident first reported to the Coach or Team Manager?**

**Who was involved**

**Witness names:**

## Injury Details

<b>Bodily Location</b>			
<b>Type of injury</b>			
<b>Person treated by</b>			
<input type="checkbox"/> First aider	<input type="checkbox"/> Ambulance	<input type="checkbox"/> External medical centre	
<input type="checkbox"/> Own doctor	<input type="checkbox"/> Hospital	<input type="checkbox"/> Other	
<b>If Recordable with lost time:</b>	Date of first day lost:	<b>Number of days lost:</b>	<b>Return to School date:</b>

## INVESTIGATION DETAILS & FINDINGS

<b>Investigation Members</b>			
<b>General sequence of events which led to the incident:</b>			
<b>Potential Severity – how bad could it have been?</b>			
<input type="checkbox"/> Very low	<input type="checkbox"/> Low	<input type="checkbox"/> Serious	
<input type="checkbox"/> Very Serious	<input type="checkbox"/> Disaster	<input type="checkbox"/> Catastrophe	
<b>COMMENTS:</b>			

Signed.....

Print Name:.....

Date:.....

Contact Number:.....