



# Gwandalan Summerland Point Football Club

## Accident/Incident Report Form

<b>AFFECTED PARTY:</b>		Player <input type="checkbox"/>	Official <input type="checkbox"/>	Coach <input type="checkbox"/>	Spectator <input type="checkbox"/>	Other <input type="checkbox"/>	
<b>Last Name</b>		<b>First Name</b>			<b>FFAID</b>		
Address:							
City:		State:		Post Code:		Phone ( )	
Email:							
<b>ACCIDENT/INCIDENT INFO:</b>		Date	Age Division	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Mixed <input type="checkbox"/>	Time AM <input type="checkbox"/> PM <input type="checkbox"/>
<b>LOCATION (Ground Name)</b>							
<b>TEAMS INVOLVED</b>							
<b>BODY PARTS INJURED</b>							
Ankle <input type="checkbox"/>	Shoulder L/R <input type="checkbox"/>	Head <input type="checkbox"/>	Ear L/R <input type="checkbox"/>	Neck <input type="checkbox"/>	Arm <input type="checkbox"/>		
Knee <input type="checkbox"/>	Wrist L/R <input type="checkbox"/>	Hand <input type="checkbox"/>	Nose <input type="checkbox"/>	Back <input type="checkbox"/>	Toe <input type="checkbox"/>		
Foot <input type="checkbox"/>	Finger <input type="checkbox"/>	Tooth <input type="checkbox"/>	Eye L/R <input type="checkbox"/>	Leg <input type="checkbox"/>	Other <input type="checkbox"/>		
<b>TIMING</b>		<b>ACCIDENT/INCIDENT TYPE</b>			<b>DISPOSITION</b>		
Before game <input type="checkbox"/>	Collision (Player/Player) <input type="checkbox"/>	Animal/Insect Bite <input type="checkbox"/>		First Aid Given <input type="checkbox"/>			
During Game <input type="checkbox"/>	Collision (Player/Spectator) <input type="checkbox"/>	Heat Exertion <input type="checkbox"/>		First Aid Refused <input type="checkbox"/>			
After game <input type="checkbox"/>	Collision (Goal) <input type="checkbox"/>	Slip/Fall <input type="checkbox"/>		Ambulance Required <input type="checkbox"/>			
	Collision (Other Object) <input type="checkbox"/>	Other <input type="checkbox"/>					
Field Surface	Wet <input type="checkbox"/>	Dry <input type="checkbox"/>					
<b>DETAILS OF ACCIDENT/INCIDENT</b>							
<i>Describe in detail how the Accident/Incident/injury occurred (Use additional Sheets if Required)</i>							
<b>ACTION TAKEN</b>							
<i>Describe what happened after the Accident/Incident including any treatment, whether they went to hospital etc. (Use additional Sheets if Required)</i>							
<i>Were there any other factors that may have contributed to the accident/Incident</i>							
<b>DETAILS OF PERSON COMPLETING THIS FORM</b>							
Name:							
Position:							
Phone:							
Email:							
Signature:							