



ACCIDENT/INCIDENT/INJURY REPORT

This form is to be completed by all persons directly involved in the Accident/Incident/Injury. This includes the injured person/s and/or witness/es and/or match/club officials and is an official record of the accident/incident/injury.

Please complete the information on page 1 - Information on this page will be for the **Capalaba Football Club only**.

For Accidents or Injuries complete page 2.

For Incidents complete page 3.

Please complete and send this report to Capalaba Football Club

Email: secretary@capalababulldogs.com

Details of Person Reporting:

Full name:

Address:

Town/Suburb

Postcode

Contact number:

Email

Club associated with (if applicable)

Age (if under 18)

In what capacity are you making this report:

<p>I wish to report:</p> <p style="padding-left: 40px;">An accident/injury</p> <p style="padding-left: 40px;">An incident</p>	<p>Person/s Involved (please select):</p> <p>Player</p> <p>Parent</p> <p>Team Official</p> <p>Spectator</p> <p>Club Official</p> <p>Referee</p> <p>Assistant Referee</p>
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ACCIDENT/INCIDENT/INJURY REPORT

For Accidents or Injuries

Match / Event Details

Match
or Event

Location

Date

When did the accident or injury occur?

Where did the accident or injury occur at the event?

How did the accident or injury/injuries occur?

What were the injuries / suspected injuries?

What treatment for the injury/injuries (if any) was provided?

Who treated the injured person?

Was an ambulance called?

Yes

No

Please tick box

Please write in your own words what you saw or heard in respect of the injury?

(please attach additional page if required)

Signed:

Date:



ACCIDENT/INCIDENT/INJURY REPORT

For Incidents:

Match / Event Details

Match
or Event

Location

Date

Who was involved in the incident?

When and where did the incident occur at the match/event?

As part of this report please

- 1) Enter a description of the incident
- 2) Describe any action taken

(please attach additional page if required)

Signed:

Date:



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Additional Page