



INCIDENT REPORT FORM

ABN 24 097 320 105 (Non Profit Organisation)
PLAYING FIELDS Talobilla Pk, Klingner Rd, Kippa Ring
POSTAL ADDRESS PO Box 107, Margate, QLD, 4019

FORM NUMBER 000

Day and Date of incident / accident: _____ Time of incident: _____ am / pm
Location of Incident: _____

MEMBER / PLAYER / GUEST DETAILS: (Please Tick)

Member Sign on Number(If known) _____ ABF Registration Number _____

SENIOR JUNIOR VOLUNTEER OTHER _____ Sex: MALE FEMALE

Injured person's name: _____ Date of Birth: _____

ADDRESS _____ SUBURB _____

POST CODE _____ Phone (Home) _____ Phone (Mobile) _____

Phone (Work) _____ Email _____

School: _____ Occupation: _____

Next of Kin / Emergency Contact Name _____

ADDRESS _____ SUBURB _____

POST CODE _____ Phone (Home) _____ Phone (Mobile) _____

Phone (Work) _____ Email _____

INCIDENT: Describe in full how the incident occurred and what actions were taken. Write everything you can remember no matter how insignificant it may seem:

Warm Up Training Playing a Match Gradual Onset Other Sport OTHER _____

Description of Incident: _____

Describe the injury in detail and indicate the body parts affected: _____

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

Staff Members Present: _____

Witnesses: _____

Was the emergency plan activated? Yes No Was an ambulance called? Yes No

Was the injured person taken to hospital? Yes No If Yes, which hospital? _____

If No, did they refuse medical attention? Yes No Details: _____

Was the family notified? Yes No Who? _____

On the back of this page, please document any observations or comments regarding this incident you feel are important.

Name: _____ Signature: _____

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

Office Use Only: Follow Up Notes:

Contact made By: _____ Date: _____

Condition of Injured Person _____