



LITTLE ATHLETICS AUSTRALIA SPORTS INJURY REPORT FORM



INJURED PERSON DETAILS

NAME: DATE OF BIRTH:

GENDER: Male Female

ADDRESS:

PHONE: (H) (M)

KNOWN ALLERGIES/MEDICAL CONDITIONS/MEDICATIONS

PARENT/GUARDIAN NAME:

ADDRESS:

PHONE: (H) (M)

INCIDENT DETAILS

STATE: CLUB/CENTRE: DATE: TIME:

VENUE:

EVENT: (i.e. High Jump, hurdles etc.):

INCIDENT: (please provide a brief outline of what occurred)

IS ANYONE RESPONSIBLE FOR THE INJURY (If yes, please provide details)

INITIAL ASSESSMENT (tick which is applicable)

RESPONSIVE: Yes No CLEAR AIRWAY: Yes No BREATHING: Yes No

PULSE: Yes No BLEEDING: Yes No

INJURY TO: (part of the body)

REMOVAL FROM SITE: (walk, carry, ambulance)

FIRST AID TREATMENT PROVIDED

Outline:

FINAL ASSESSMENT: Did the person return to competition: Yes No

ACTION TAKEN (if required & include if it was preventable)

FIRST AID PERSON: (Name)

WITNESS: (name) (Phone)

NAME OF CLUB SIGNATORY: SIGNATURE:

TITLE: DATE:

CLAIM FORM: Was a personal accident claim form provided: Yes No