



INCIDENTAL REPORT FORM

Date of incident/accident: _____ Time of Incident: _____ am/pm

Injured Person: _____

Registration Number: _____ Club: _____

Address: _____

Telephone: (Home) _____ Mobile: _____

Location of incident: _____

Describe in full how incident occurred and what actions were taken:

(Write everything you can remember no matter how insignificant it may seem.)

Describe the injury in detail and indicate the body part(s) affected:

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

Officials present: _____

Witnesses: _____

Was ambulance called? _____

Was the individual taken to the hospital? YES NO

If yes, what hospital? _____

If no, did he/she refuse medical attention? _____

Was the family notified? _____ Who? _____

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

Name (please print): _____ Signature: _____

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

Follow-up notes:

Contact made by: _____ Date: _____

Condition of member: _____

In case of a future claim, it is recommended that our personal injury insurers are contacted within 30 days of the incident. This can be done on the Football Queensland Website

www.footballqueensland.com.au "Player" Club info, Insurance, "applicable year", "making a claim", and complete initial advice.