



Bottesford Football Club



CHARTER STANDARD
COMMUNITY CLUB

Accident Report Form

Date of incident _____ Time of incident _____

Venue _____

Injured person

Player Match Official Coach Spectator Other

Name _____ DOB _____

Address _____ Age _____

Postcode _____ Gender Female Male

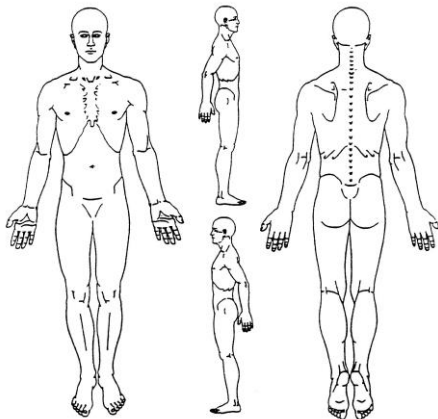
Type of activity at time of injury

Training Cool Down
 Warm-up Other *please specify*
 Competition

Reason for presentation

New Injury Illness
 Aggravated injury Other *please specify*
 Recurrent injury

Body parts injured *circle and name*



Nature of injury/illness

Bruise/contusion Inflammation/swelling Loss of consciousness
 Skin injury e.g. cut, blisters Fracture (including suspected) Overuse injury
 Sprain e.g. ligament tear Dislocation/subluxation Respiratory problem
 Strain e.g. muscle tear Concussion Cardiac problem
 Other *please specify*

Cause of injury

- | | | |
|--|---|--|
| <input type="checkbox"/> Collision with other player | <input type="checkbox"/> Slip/trip/fall/stumble | <input type="checkbox"/> Collision with fixed object |
| <input type="checkbox"/> Fall from height | <input type="checkbox"/> Overexertion | <input type="checkbox"/> Struck by other player |
| <input type="checkbox"/> Awkward landing | <input type="checkbox"/> Struck by ball/object | <input type="checkbox"/> Overuse |
| <input type="checkbox"/> Jumping to shoot or defend | | |
| <input type="checkbox"/> Other <i>please specify</i> | _____ | |

Explain how the incident occurred

Were there any contributing factors to the incident e.g. unsuitable footwear, playing surface, equipment, foul play etc

Initial treatment

- | | | |
|--|---|---|
| <input type="checkbox"/> None given (not required) | <input type="checkbox"/> Immobilisation | <input type="checkbox"/> Strapping/taping |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Ice | <input type="checkbox"/> Stretch/exercises |
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Sling/splint | <input type="checkbox"/> Transport from field/court |
| <input type="checkbox"/> Other <i>please specify</i> | _____ | |

Advice given

- Immediate return to activity
- Return to play with restriction
- Unable to return at present
- Referred for further assessment before returning to activity

Notice

The injured person was advised that if injury/illness does NOT improve in the following 24-hours they MUST seek further advice from their own medical professional

Tick Initial

Provisional severity assessment

- Mild (1-7 days modified activity)
- Moderate (8-21 days modified activity)
- Severe (>21 days modified or lost)

Referral

- | | |
|--|------------------------------------|
| <input type="checkbox"/> No referral | <input type="checkbox"/> Ambulance |
| <input type="checkbox"/> Medical practitioner | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Physiotherapist | |
| <input type="checkbox"/> Other <i>please specify</i> | _____ |

All of the above facts are a true and accurate record of the accident;

	Injured party	Parent/Guardian (if aged under 18-yrs)	Treating person
Name	_____	_____	_____
Signature	_____	_____	_____