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| --- |
| **Name and role of person completing this form:** |
| **Signature of person completing this form:** |
| **Date:** |
|  |
| **Incident** |
| **Date of incident:** | **Time of incident:** |
| **Name/s of person/s involved in the incident and their team/associations:** |
| **Description of incident:****(provide location, risks, details)** |
| **If Property****Item damaged: Details:** **If viewed, by whom: Photos taken, and by whom:**  |
|  |
| **Witnesses (include contact details):** |
|  |
| **Reporting of the incident to Ashy Basketball Club**  |
| **Incident reported to:** **🞏 Email: ashybasketballclub@gmail.com** **🞏 Post: PO Box 74, Ashburton, VIC, 3147** **🞏 Mobile:**  **🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:** |
| **How (this form, in person, email, phone):** |
|  |
| **Follow Up Action** |
| **Description of actions to be taken:** |
| Injury details: This report reflects an accurate record of the injured person’s reported symptoms of injury**COACH/MANAGER – Please retain a copy of this form. The original should be forwarded to the Ashy Basketball Club**  |
| Name of injured person: | Date of birth / / day month year |
| Date when the injury occurred: | Date when injury is evident: |
| Person injured: 🞏 Athlete 🞏 Coach 🞏 Other | Team Association:  |
| Supervising coach/parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature) | Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature) |
| First aidprovided by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Time of first aid: | Initial treatment:🞏 No treatment required🞏 Dressing 🞏 Strapping🞏 Ice 🞏 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Nature of injury: 🞏 New injury 🞏 Aggravated injury 🞏 Recurrent injury 🞏 Other |
| Did the injury occur during: 🞏 Training 🞏 Event  🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Symptoms of injury: |  |  |
| 🞏 abrasion/graze/bruise | 🞏 dislocation | 🞏 burn or corrosion |
| 🞏 open wound/cut | 🞏 sprain/strain | 🞏 eye injury |
| 🞏 fracture | 🞏 overuse injury to muscle or tendon  | 🞏 electrical injury |
| 🞏 Bleeding Nose | 🞏 other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Body part injured:right left left right | How did the injury occur?🞏 Collision with a fixed object🞏 Overbalance🞏 Collision / contact with another person🞏 Overstretch🞏 Fall from height / awkward landing🞏 Slip / trip🞏 Fall / stumble on same level🞏 Other - please provide details: |
| Follow up action/s: |  |  |
| 🞏 None | 🞏 Medical practitioner | 🞏 Hospital |
| 🞏 Ambulance | 🞏 Physiotherapist | 🞏 Other: |
| Signature of coach/manager/responsible parent completing the form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / /  |
| Name of Committee Member completing this form: ­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / / |