|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 aid  provided 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: / / | | | | | | | | |