* ***This form should be completed if any player in your care suffers an inury (other than trivial injuries).***
* ***The form should be completed at the training session or match at which the injury occurred and should be provided to the parents or guardian of the child as soon as possible after the injury.***
* ***It is advisable to keep a copy of this form for your records, for example by taking a photo of it with your phone. Remember to get it signed by the parent of guardian to whom it is given.***
* ***Please email a copy/photo to*** [***childwelfare@harpendencolts.com***](mailto:childwelfare@harpendencolts.com) ***for our records.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Incident:** |  | **Time of Incident:** |  |
| **Event at which incident occurred:** | | Training / Match / Other | |
| **Location at which incident occurred:** | | Venue: | |
| **Injured Person’s Details** | | | |
| Full name: | |  | |
| Year Group and Squad: | |  | |
| **Details of other people involved in the incident** | | | |
| Full name (enter below – insert rows as required): | | Contact number (enter below): | |
|  | |  | |
|  | |  | |
| **Details of any people who witnessed the incident** | |  | |
| Full name (enter below – insert rows as required): | | Contact number (enter below): | |
|  | |  | |
|  | |  | |
| **Incident Details (describe the incident below)** | | | |
|  | | | |
| **Treatment Given** | | | |
|  | | | |
| **Details of person who gave treatment** | | Name: |  |
| Role at Club: |  |
| Contact number: |  |
| **Did the person lose consciousness?** | | Yes / No / Maybe | |
| **Is there any suspicion of concussion?** | | Yes / No | |
| If yes, provide reason for concern: | |
| **Was an ambulance called?** | | Yes / No | |
| **Was the person sent to hospital?** | | Yes / No | |
| If yes, which hospital: | |
| **Name of person completing this report:** | | **Name of parent/guardian to whom report given:** | |
| Name: | | Name: | |
| Signature: | | Signature: | |