

## INJURY/ACCIDENT REPORT FORM

Complete and send to [injuries@physio1to1.co.uk](mailto:injuries@physio1to1.co.uk) Tel: 01483424470

GUILDFORD RFC YOUTH INJURY/ACCIDENT REPORT FORM		
Name of Injured Person:	Next of Kin contact details/address:	Date of injury:
DOB:		Time of injury:
Where did the incident take place?		First Aider in attendance? If Yes Name:
What was the type of injury? (e.g. head, neck, limbs etc)		Did the casualty lose consciousness?
How did the injury occur? (e.g. training, game, activity being undertaken)		
What action was taken? (e.g. treatment given, casualty advised to seek medical attention etc)		
Was an ambulance called?	Was a parent / guardian contacted? If Yes Name:	
What happened after the incident? (carried on playing, went home, went to hospital etc)		
Name/Contact Details:		Date:
		Position (Coach, Manager, First Aider)

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