

**CAPITAL FOOTBALL
INCIDENT/ACCIDENT REPORT FORM**



Date of incident/accident: _____ Time of incident: _____ am/pm

Name of Injured member or guest: _____ Age: _____

Member's Club: _____

Home Address: _____

Telephone: (Home) _____ (Work) _____

Location of incident: _____

Describe in full how incident occurred and what actions were taken.
(Write everything you can remember no matter how insignificant it may seem)

Describe the injury in detail and indicate the body parts(s) affected:

Did any medically trained members (doctors, nurses) assist? Provide details.

Club members present (coaches/referees): _____

Witnesses (names & Phone Nos): _____

Was ambulance called? _____ Was the individual taken to the hospital? Yes / No

If yes, what hospital? _____

If no, did he/she refuse medical attention? _____

Was the family notified? _____ Who? _____

On the back of this page, please document any observations or comments regarding this incident you feel important.

Name (please print): _____ Signature: _____

Position: _____ Date: _____ Time: _____ am/pm

Follow-up notes:

Contact made by: _____ Date: _____

Condition of member: _____

This form should be completed on each occasion an incident or accident occurs in which an injury is sustained by a player registered with Capital Football. The completed form should be forwarded to: Capital Football, PO Box 50, CURTIN ACT 2605, or by facsimile to 6260 4999.