



BULLEEN TEMPLESTOWE JUNIOR FOOTBALL CLUB INC.

PLAYER INJURY – INCIDENT REPORT

DATE: (DD/MM/YYYY)	
APPROXIMATE TIME OF INJURY	
TEAM (i.e. u14 Brown, Girls)	
TEAM MANAGER NAME & PHONE:	
GROUND LOCATION (where injury occurred)	

Please Note: This injury – incident report should also be used for injuries sustained at training.

PLAYER NAME:		AGE:	
PARENT NAME:		BEST CONTACT No:	

In the area below, please describe what occurred (including how the player was injured. For example, in a tackle, overhead marking contest, in an accidental collision etc)

In the area below, please describe a description of the injury (i.e. head concussion, broken left index finger etc)

Was treatment provided at the ground and if so, by whom? (Please tick below. If other, please describe?)

Team Trainer		YJFL On-Site Medic		Other	
Opposition Team Trainer		Ambulance Crew			

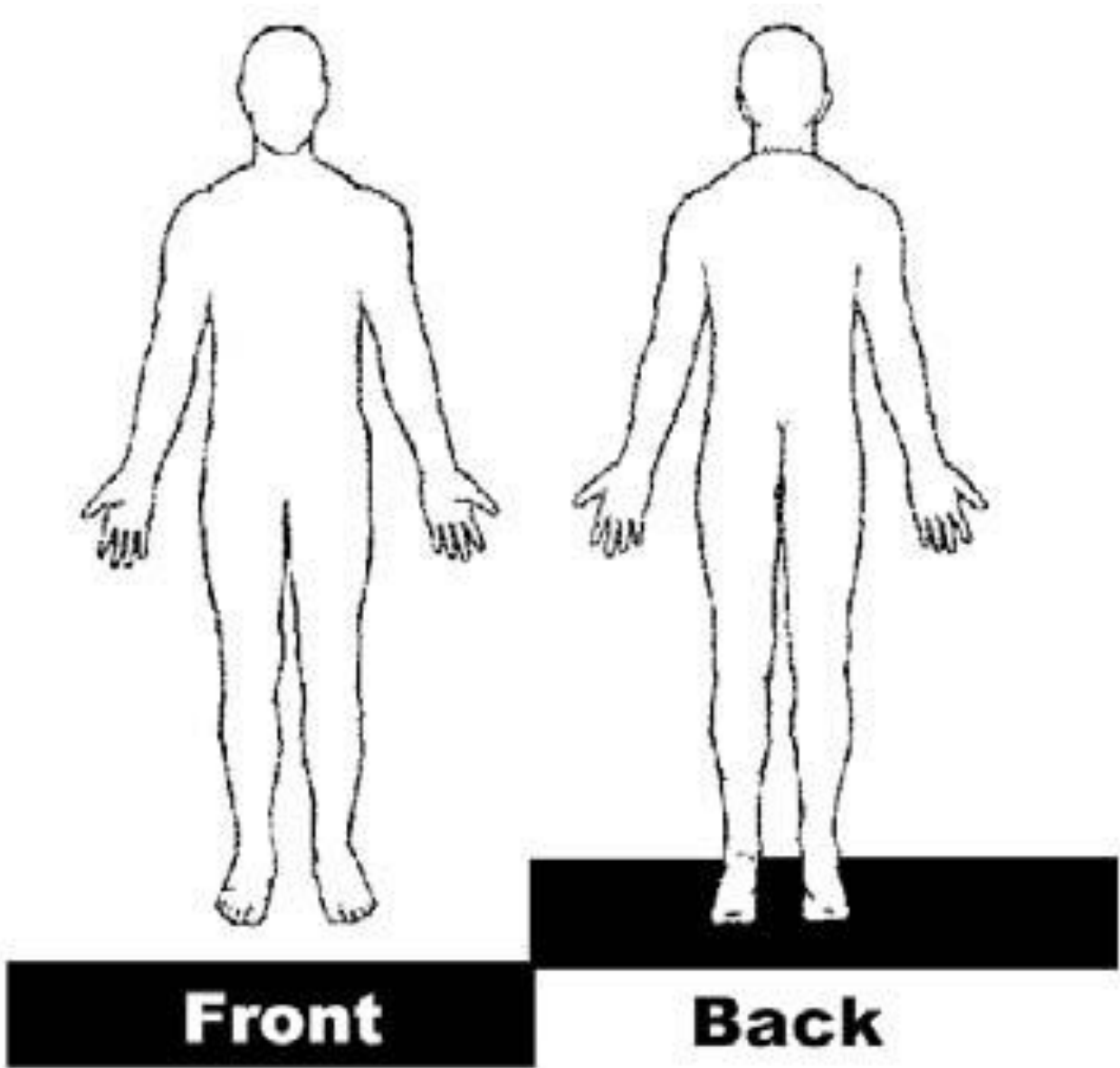
Question	Yes or No	Comments
Was the injured player removed from play for the remainder of the game?		
Was the injured player hospitalised straight from the game via an ambulance?		
Were the parents advised/asked to take their child to hospital?		
Were the parents advised/asked to take their child to see a Doctor during the week?		
Is it likely the injured player will miss school next week due to the injury?		
Is it likely or possible the injured player will miss training next week due to the injury?		
Is it likely or possible the injured player will miss games due to the injury?		
Did the injury involve concussion or suspected concussion?		
If yes to concussion, has the parent been advised to obtain a medical certificate allowing their child to return to training or games?		



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Using the Chart provided below, please mark up the areas where injuries were sustained by the player.



Please provide any further information that you believe is of importance.
