



INCIDENT/INJURY REPORT

FSC-008: Issued February 2014

This form is to be completed by the Person directly impacted by the Incident/Injury.

Please complete the information on page 1 - Information on this page will be for the **FSC office only**.

For Accidents or Injuries complete page 2.

For Incidents complete page 3.

Please send this report to Football South Coast

Mail: PO Box 105 Fairy Meadow 2519

Fax: (02) 4285 5625

Email: davidware@footballsouthcoast.com

Personal Details			
Full Name:			
Address			
Town/Suburb			Postcode
Contact Phone Number		Contact Email	
Club Associated with (if applicable)			Age if 18 or under

Please tick the relevant box					
I wish to report:	An accident/injury	<input type="checkbox"/>	My Role at the event:	Player	<input type="checkbox"/>
	An incident	<input type="checkbox"/>		Parent	<input type="checkbox"/>
				Team Official	<input type="checkbox"/>
				Spectator	<input type="checkbox"/>
				Club Official	<input type="checkbox"/>
				FSC Official	<input type="checkbox"/>
				Referee	<input type="checkbox"/>
				Assistant Referee	<input type="checkbox"/>



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For Accidents or Injuries			
Match / Event Details			
Match or Event			
Location		Date	
When did the accident or injury occur?			
Where did the accident or injury occur at the event?			
How did the accident or injury/injuries occur?			
What were the injuries / suspected injuries?			
What treatment for the injury/injuries (if any) was provided?			
Who treated the injured person?			
Was an ambulance called? <i>Please tick box</i>	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	
Please write in your own words what you saw or heard in respect of the injury?			
(please attach additional page if required)			
Signed:		Date:	

