



Player Injury Report Form

Date of injury:

Time of injury:

Event:

Injured Person's Details

First Name:

Surname:

Date of Birth:

Address:

Postcode:

Telephone number:

Details of all persons involved in the accident

Full Name of Person:

Contact Number:

1,

2,

3,

Full Name of Witness:

Contact Number:

1,

2,

3,



Incident Details

Was this a head injury? YES NO *If yes the FA concussion guidelines must be followed, including managing the return to training and playing*

Describe the incident

Treatment Given

Details of Person Giving Treatment

Loss of consciousness YES NO

Person sent to hospital YES NO

Ambulance called YES NO

If Yes, which hospital

Role of Person Giving Treatment

Name of First Aider

Signed {First Aider}

Date

Once completed a copy of this form must be sent to the Club Chairman, General Secretary and Welfare Officer. The players parent/guardian must also be informed and provided with a copy. A player may only return to training and matches following written (email) confirmation from the parent/guardian that they are happy for their player to resume. In all head injuries the FA Concussion Guidelines must be followed in full.