

POINT COOK SOCCER CLUB ACCIDENT RECORD

First name:		Surname:	
Date of birth:		Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	
Incident details			
Date of injury:		Time of injury:	
Describe the incident:			
Injury details – indicate the nature of the injury			
<input type="checkbox"/> Abrasion/ laceration <input type="checkbox"/> Sprain/strain <input type="checkbox"/> Poisoning <input type="checkbox"/> Skin puncture wound <input type="checkbox"/> Bruising/swelling <input type="checkbox"/> Foreign body in eye, nose, ear	<input type="checkbox"/> Psychological <input type="checkbox"/> Bites/stings <input type="checkbox"/> Fracture/ dislocation <input type="checkbox"/> Respiratory discomfort <input type="checkbox"/> Internal injury of chest or abdomen	<input type="checkbox"/> Hearing loss <input type="checkbox"/> Skin irritation/ rash <input type="checkbox"/> Effects of weather exposure <input type="checkbox"/> Burn <input type="checkbox"/> Open wound <input type="checkbox"/> Other _____	
Body location of the injury/illness			
Describe the body location:			
Medical treatment (please tick)			
<input type="checkbox"/> None <input type="checkbox"/> First aid <input type="checkbox"/> Doctor	<input type="checkbox"/> Ambulance <input type="checkbox"/> Hospital <input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Chiropractor <input type="checkbox"/> Counsellor <input type="checkbox"/> Other (please specify):	
Person completing form			
Name:		Contact Telephone Number:	
First Aid office in attendance:			
Name:		Contact Telephone Number:	