



Incident / Injury Report Form

Use this form for notable incidents or where a serious injury has occurred and send a copy to the UQFC Administrator

LOCATION of Incident or Injury
DATE and TIME

NAME of Person INJURED or INVOLVED		
Type	<input type="checkbox"/> Player	<input type="checkbox"/> UQ Coach/Manager
	<input type="checkbox"/> Other, please specify:	
UQFC Team		
Date of Birth	Age	Gender
Address		
Telephone & E Mail		

BRIEF ACCOUNT OF INJURY	
Details of Accident/Injury	
Severity of Injury	
<input type="checkbox"/> First Aid Treatment on site	
<input type="checkbox"/> Hospital Treatment (Out-patient) <input type="checkbox"/> Hospital Treatment (In-patient)	
Was an ambulance called?	Yes / No

BRIEF ACCOUNT OF INCIDENT & REPORTING METHOD	
Description of incident (including persons involved, allegations, damage)	
Incident Reported to	
<input type="checkbox"/> Referee/Match Officials <input type="checkbox"/> UQFC Officials	
Reporting Method	
<input type="checkbox"/> in person <input type="checkbox"/> email <input type="checkbox"/> phone <input type="checkbox"/> other – pls. specify	

WITNESS DETAILS

(Provide attachment if lengthy statement / or multiple witnesses)

Name		
Type	<input type="checkbox"/> Player	<input type="checkbox"/> UQ Coach/Manager
	<input type="checkbox"/> Other, please specify:	
ID (if applicable)		
Date of Birth	Age	Gender
Address		
Telephone & E Mail		
Witness Statement		

UQFC FOLLOW UP ACTION

<input type="checkbox"/> No further Action Required
<input type="checkbox"/> Description of actions to be taken (including timeframes)

NOTIFICATIONS (tick appropriate boxes)

<input type="checkbox"/> Parents	<input type="checkbox"/> Club Officials	<input type="checkbox"/> Football Brisbane	<input type="checkbox"/> Other
Signed			