

IGSA SPORT ACCIDENT / INJURY REPORT FORM Injury details: This report reflects an accurate record of the injured person's reported symptoms of injury					
NAME OF PERSON INJURED		VENUE			
School attended by injured player		Venue Convener:			
		(Print Name & Sign)			
Players' DOB (Day/Month/Year) / /		DATE INJURY OCCURRED / /			
Sport Being Played		First Aid Provided By:			
Team No & Grade		(Print Name & Sign)			
Does the injured player currently play the same sport in another competition		Yes No	Time of First Aid:		
Please indicate during WHICH EVENT the injury occurred		Saturday Sport	INITIAL T	REATMENT	
Rep Trials Rep Matches / Comp		Sports Carnival	☐ No treatment required		
☐ Warm Up ☐ Competition	☐ Event	Other	☐ CPR	RICER	
NATURE OF INJURY	☐ New Injury		Crutches	Sling / splint	
☐ Previous injury from other terms ☐ Previously inju		ured this term	☐ Dressing	Strapping	
Other (please explain)			Massage	Stretching	
CONCUSSION	Possible concussion - removed from play		☐ Notification	n form distributed	
SYMPTOMS OF INJURY					
Blisters	☐ Inflammation / swelling		Spinal injury		
☐ Bleeding nose	Cramp		☐ Cardiac problem		
☐ Bruising / contusion	Suspected bone fracture / break		☐ Electrical shock		
☐ Cut	Dislocation		Burn		
Graze / abrasion	Head injury		☐ Insect bite / sting	(
Sprain (Ligament)	Loss of consciousness		Poisoning		
Strain (Muscle / Tendon)	Respiratory problem		Other:		
BODY PART INJURED (circle below)	HOW DID THE INJURY OCCUR				
Name of part	Contact with a fixed object (e.g. wall, goal post)				
Location of injury	Contact with another person		Overbalance		
right left left right	Contact with a ball or equipment (e.g. bat / stick)		☐ Overstretch		
			☐ Slip/trip		
	Fall		Running		
	☐ Venue **Refer note below		Sidestep		
	Other:		Landing		
	Did player return to play?	Extra detail regarding how the injury occurred:			
	Yes No				
6 53	Was protective equipment worn on the injured body part?				
_	□ Yes □ No				
FOLLOW UP ACTION None	Medical practitione	r / physiotherapist	Hospital		
Ambulance	Other:				
Signature of person completing form: Date: / /					
Note: Staff without medical training should refer all medical decisions to appropriately qualified persons. Do not attempt to 'diagnose' an injury. Users of this form are advised that medical information should be treated confidentially.					
** If the venue thought to have contributed to the cause of the accident / injury, please ensure you take a photo of the affected site and forward with the copy of this form.					
Please ensure you contact IGSA Sport staff ASAP if an ambulance is called or serious injury occurs.					

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Possible Concussion or Head Injury – Notification Form (To be given to student/parent)

Student name......School.....

Date of injurySportSport	Venuevad injury / concussion. IGSA Sport would like to make		
you aware of the signs and symptoms that may arise, vinjured student MUST be to taken to hospital or to a D	which may require an evaluation and/or treatment. The poctor IMMEDIATELY if the following occurs:		
Vomiting	Develops a headache		
Becomes dizzy, drowsy or nauseous	Memory difficulties		
Appears vague, disoriented or confused	Develops 'pins and needles'		
Stands or walks with a stagger or lurch	Slurs their speech		
Cannot follow simple instructions	Becomes aggressive		
Has a fit or convulsion/seizure	Displays any unusual behaviour		
Cannot recall simple information	Delicate to light or noise		
Slow reactions	Cannot be roused from sleep		
Even if none of the above symptoms are displayed the	child should rest and be observed for 24-48 hours.		
IMPORTANT NOTICE: the student should not resume until authorised and cleared by a Doctor. (Please check the control of the con	e school, work, exercise, sports training or competition ck your school's concussion guidelines/policy)		
	ne convener, team coach or parent. This report will be Sport. Please keep your school up-to-date with any		
Convener NameS	ignature		

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