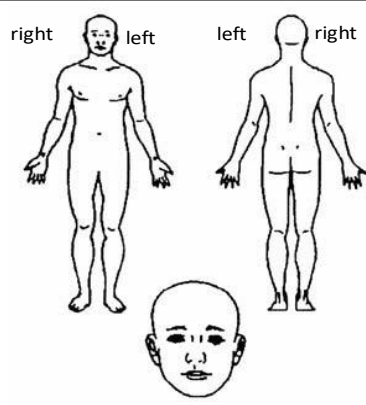


IGSA SPORT ACCIDENT / INJURY REPORT FORM			
<i>Injury details: This report reflects an accurate record of the injured person's reported symptoms of injury</i>			
NAME OF PERSON INJURED		VENUE	
School attended by injured player		Venue Convener: (Print Name & Sign)	
Players' DOB (Day/Month/Year) / /		DATE INJURY OCCURRED / /	
Sport Being Played Team No & Grade		First Aid Provided By: (Print Name & Sign)	
Does the injured player currently play the same sport in another competition		<input type="checkbox"/> Yes <input type="checkbox"/> No Time of First Aid:	
Please indicate during WHICH EVENT the injury occurred		INITIAL TREATMENT	
<input type="checkbox"/> Rep Trials <input type="checkbox"/> Rep Matches / Comp <input type="checkbox"/> Saturday Sport <input type="checkbox"/> Warm Up <input type="checkbox"/> Competition <input type="checkbox"/> Sports Carnival <input type="checkbox"/> Event <input type="checkbox"/> Other		<input type="checkbox"/> No treatment required <input type="checkbox"/> CPR <input type="checkbox"/> RICER <input type="checkbox"/> Crutches <input type="checkbox"/> Sling / splint <input type="checkbox"/> Dressing <input type="checkbox"/> Strapping <input type="checkbox"/> Massage <input type="checkbox"/> Stretching	
NATURE OF INJURY <input type="checkbox"/> New Injury <input type="checkbox"/> Previous injury from other terms <input type="checkbox"/> Previously injured this term <input type="checkbox"/> Other (please explain)			
CONCUSSION <input type="checkbox"/> Possible concussion - removed from play <input type="checkbox"/> Notification form distributed			
SYMPTOMS OF INJURY <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Blisters</div> <div style="width: 33%;"><input type="checkbox"/> Inflammation / swelling</div> <div style="width: 33%;"><input type="checkbox"/> Spinal injury</div> <div style="width: 33%;"><input type="checkbox"/> Bleeding nose</div> <div style="width: 33%;"><input type="checkbox"/> Cramp</div> <div style="width: 33%;"><input type="checkbox"/> Cardiac problem</div> <div style="width: 33%;"><input type="checkbox"/> Bruising / contusion</div> <div style="width: 33%;"><input type="checkbox"/> Suspected bone fracture / break</div> <div style="width: 33%;"><input type="checkbox"/> Dislocation</div> <div style="width: 33%;"><input type="checkbox"/> Cut</div> <div style="width: 33%;"><input type="checkbox"/> Head injury</div> <div style="width: 33%;"><input type="checkbox"/> Burn</div> <div style="width: 33%;"><input type="checkbox"/> Graze / abrasion</div> <div style="width: 33%;"><input type="checkbox"/> Loss of consciousness</div> <div style="width: 33%;"><input type="checkbox"/> Insect bite / sting</div> <div style="width: 33%;"><input type="checkbox"/> Sprain (Ligament)</div> <div style="width: 33%;"><input type="checkbox"/> Respiratory problem</div> <div style="width: 33%;"><input type="checkbox"/> Poisoning</div> <div style="width: 33%;"><input type="checkbox"/> Strain (Muscle / Tendon)</div> <div style="width: 33%;"><input type="checkbox"/> History of asthma? Y / N</div> <div style="width: 33%;"><input type="checkbox"/> Other:</div> </div>			
BODY PART INJURED (circle below) Name of part Location of injury <div style="text-align: center;">  </div>		HOW DID THE INJURY OCCUR <input type="checkbox"/> Contact with a fixed object (e.g. wall, goal post) <input type="checkbox"/> Contact with another person <input type="checkbox"/> Overbalance <input type="checkbox"/> Contact with a ball or equipment (e.g. bat / stick) <input type="checkbox"/> Overstretch <input type="checkbox"/> Slip/trip <input type="checkbox"/> Fall <input type="checkbox"/> Running <input type="checkbox"/> Venue **Refer note below <input type="checkbox"/> Sidestep <input type="checkbox"/> Other: <input type="checkbox"/> Landing	
Did player return to play? <input type="checkbox"/> Yes <input type="checkbox"/> No		Extra detail regarding how the injury occurred:	
Was protective equipment worn on the injured body part? <input type="checkbox"/> Yes <input type="checkbox"/> No			
FOLLOW UP ACTION <input type="checkbox"/> None <input type="checkbox"/> Medical practitioner / physiotherapist <input type="checkbox"/> Hospital <input type="checkbox"/> Ambulance <input type="checkbox"/> 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.			

Possible Concussion or Head Injury – Notification Form

(To be given to student/parent)

IGSA Sport would like to make you aware of the signs and symptoms that may arise, which may require an evaluation and/or treatment. The injured student **MUST** be taken to hospital or to a Doctor **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	Sensitive 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 school, work, exercise, sports training or competition until authorised and cleared by a Doctor. (Please check your school’s concussion guidelines/policy)

An injury report will be completed by either the venue convener, team coach or other responsible adult. This report will be sent to your school sport coordinator and Head of Sport.

Please keep your school up-to-date with any diagnosis or result.

Convener Name..... Signature.....