AHIGS - IGSSA 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 Team No & Grade	**First Aid Provided By:** (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 ☐ Rep Trials ☐ Rep Matches / Comp ☐ Sports Carnival ☐ Warm Up ☐ Competition ☐ Event ☐ Other

NATURE OF INJURY

☐ New Injury ☐ Previous injury from other terms ☐ Previously injured this term ☐ Other (please explain)

INITIAL TREATMENT

☐ No treatment required ☐ CPR ☐ RICER ☐ Crutches ☐ Sling / splint ☐ Dressing ☐ Strapping ☐ Massage ☐ Stretching

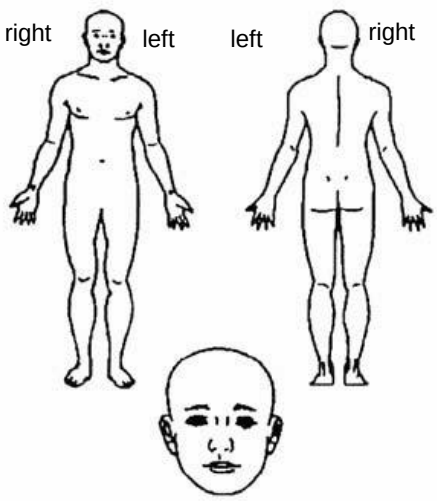
SYMPTOMS OF INJURY

☐ Blisters	☐ Inflammation / swelling	☐ Spinal injury
☐ Bleeding nose	☐ Cramp	☐ Cardiac problem
☐ Bruising/contusion	☐ Suspected bone fracture / break	☐ Electrical shock
☐ Cut	☐ Dislocation	☐ Burn
☐ Graze / abrasion	☐ Concussion / head injury	☐ Insect bite / sting
☐ Sprain	☐ Loss of consciousness	☐ Poisoning
☐ Strain	☐ Respiratory problem	☐ Other:

BODY PART INJURED (circle below)

Name of part

Location of injury



HOW DID THE INJURY OCCUR

☐ Contact with a fixed object (e.g. wall, goal post)
☐ Contact with another person
☐ Contact with a ball or equipment (e.g. bat / stick)
☐ Fall
☐ Other:
☐ Overbalance
☐ Overstretch
☐ Slip/trip
☐ Running
☐ Sidestep
☐ Landing

Extra detail regarding how the injury occurred:

Was protective equipment worn on the injured body part?

☐ Yes ☐ No

FOLLOW UP ACTION ☐ None ☐ Medical practitioner / 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.