



Injury Report Form

In the event of a player needing to receive treatment on or off the field please complete the following information to the Squad Manager within 24 hours of the incident.
(USE BLOCK CAPITALS)

Name of Coach Squad Age Group (Under).....

C.R.F.C. -v- Home / Away (delete) Date

Name of Player

Player Tel. Number

Details of Injury

How did Injury Occur
Continue on a separate sheet.

Name of Referee..... Club.....

Did Referee see injury Y / N Did Referee stop the game Y / N

Who gave medical treatment

Record:- Diagnosis / Treatment given / Evacuation details / Emergency service response time and details of attendance e.g. Ambulance / Paramedic / Doctor – the on reverse side of this form. Include details of Camberley F/Aid equipment used!

Ambulance Attended Y / N Taken to Hospital (Name).....

Estimated number of weeks out

Parents / Guardian Contacted Y / N

Report completed by First Aider: Date of report

Camberley Coach Signature Date.....