LANSW Injury Report Form

Person Injured: ☐ Athlete ☐ Coach ☐ Other_____ **Gender** ☐ M ☐ F

Name: _____ **Age:** _____ **DOB:** _____

Venue: _____ **Activity:** _____ **Date** _____ **Time:** _____

Supervising Coach: _____ **Witness** _____

Injury

Did the injury occur during

- ☐ Training
- ☐ Event
- ☐ Other_____

History of injury

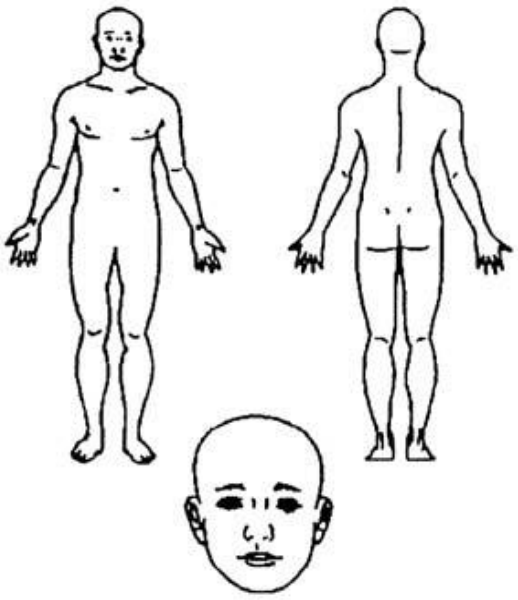
- ☐ New
- ☐ Recurrent
- ☐ Aggravated

Date Of Previous Occurrence _____

Symptoms of the Injury

- ☐ Blisters
- ☐ Bleeding
- ☐ Bruising
- ☐ Cut
- ☐ Graze
- ☐ Sprain
- ☐ Strain
- ☐ Allergy
- ☐ Swelling/inflammation
- ☐ Cramp
- ☐ Suspected fracture / break
- ☐ Dislocation
- ☐ Concussion/head injury
- ☐ Loss of consciousness
- ☐ Respiratory problem
- ☐ Disorientation/shock
- ☐ Spinal
- ☐ Cardiac
- ☐ Burn
- ☐ Electric shock
- ☐ Bite
- ☐ Poisoning
- ☐ Other

Body Part/s Injured



Cause of the Injury

- ☐ Collision / contact with another person
- ☐ Collision with a fixed object
- ☐ Struck by an object
- ☐ Struck by someone
- ☐ Temperature related
- ☐ Slip/trip/fall/stumble
- ☐ Fall from a height
- ☐ Awkward landing
- ☐ Overbalance
- ☐ Overexertion
- ☐ Overuse
- ☐ Other_____

Observation of Incident & Injury?

_____
_____
_____
_____
_____
_____
_____

Treatment:

First Aid Provided by: _____ **Time:** _____ **Date** _____

Treatment administered

- ☐ None
- ☐ RICER
- ☐ Dressing
- ☐ Sling/splint
- ☐ Strapping
- ☐ Massage
- ☐ Stretching
- ☐ Crutches
- ☐ CPR

Other: _____

Referral: ☐ None ☐ Ambulance ☐ Hospital ☐ Doctor/medical practitioner ☐ Parent ☐ Other_____

Signatures

I declare that to the best of my knowledge the above information is correct.

Supervising coach: _____ Sign: _____ Date

Witness to incident: _____ Sign: _____ Date

Parent/Guardian: Sign: Date

Note: Coaches 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 more room is required, please write on the back of this form.