**89\*Injury Report Form**

Injury details: *This report reflects an accurate record of the injured person’s reported symptoms.*

Coach/Captain: Please copy/photograph a copy of this report and submit the original to the HBA office via slot in the door. ry

|  |
| --- |
| **Name and role of person completing this form:** |
| **Signature of person completing this form:** |
| **Date:** |

# Incident

|  |
| --- |
| **Date and time of incident:** |
| **Name/s of person/s involved in the incident and their clubs/associations:** |
| **Description of incident:** |

**Witnesses (include contact details):**

# Reporting of the incident to club/association

|  |  |
| --- | --- |
| **Incident Reported to:** | **Date:** |
| **How (this form, in person, email, phone):** |  |

**Follow Up Action**

**Description of actions to be taken:**

