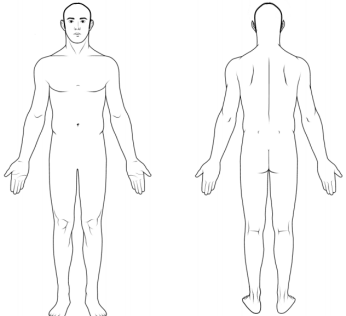


MACGREGOR Netball Association



INJURY REPORT

PERSONAL DETAILS:				
Name of Injured Person:				
Are your contact details on file up to date in Netball Connect: Yes / No if no, details will need to be updated ASAP				
Injured Persons DOB:		Injured Persons Club:		
Date of Injury:		Time of Injury:		
Name of Person Reporting Incident/Accident:				Date:
Person Reporting:				
Player Manager Coach Parent/Carer Club Official Other: _____				
INCIDENT/ACCIDENT DETAILS:				
Nature of Injury:				
Where did Injury occur:				
How the Injury occurred:				
Any known illness and/or medications:		Not known Nil Asthma Epilepsy Cardiac Diabetic		
		Other _____		
Any Allergies: Yes: _____ No: _____				
Time Observed	Breathing Normal-Fast-Slow	Conscious Level Alert-Medium-Unconscious	Pain Level - 1 to 10 (1low – 10 high)	Injury Level - 1 to 10 (1 low – 10 high)
Other Observations:				
A abrasion Bl bleeding Bu burns C contusion D deformity F fracture L laceration P pain S swelling T tenderness	Bodily location of injury/illness: 		Comments: _____ _____ _____ _____ _____ _____ _____	

FIRST AID MANAGEMENT:	
Details of First Aid given:	
Medical advice given:	
Will a Medical Clearance be required for the Injured Person: Yes No	
Name of Person Administering First Aid: _____	
Signature: _____	Date: _____
Discharged: Own Parent/Carer Ambulance Other _____	
Injured Person/Carer Signature: _____	
Date: _____	
Review Medical Clearance:	
Date Reviewed On: _____	Time: _____
Name of Committee Member who reviewed clearance: _____	
Clearance forward onto: Club Y / N Rep Administrator Y/N Other Y/N _____ N/A	
Clearance Accepted: Yes No: _____	
(date for review) _____	
Date Approved / Refused: _____	
Date Sent to Appropriate Area: _____	
Signature: _____	
Date: _____	