

HIBS Sports Injury Report

Particulars of incident:

Date:	Time:	Location:
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Type of incident (please circle below):

Injury

Reported by:	Phone:
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Role in the event:	Email:
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The injured person:

Name:	Address:
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Age:	Phone:	
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Witness(s):

Name: n/a reported by mother	Phone:
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Name:	Phone:
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Name:	Phone:
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Describe the incident: *(space overleaf for diagram if needed)*

Describe any illness or injury: *What part of the body is affected and how?*

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Describe any property damage: *What damage was caused and how?*

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Analysis: *What do you think caused or contributed to the incident?*

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Prevention: *What action has been taken to prevent a reoccurrence?*

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Have all preventative actions been reviewed by the Sports Committee and implemented?

Yes

Sports Committee Signature:	Date completed:
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Treatment:

A & E Hospital:	Doctor:
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Type of treatment provided:

Notification and investigation

HIBS advised by:	Date:
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Investigation conducted by:	Date:
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Risk Register updated by:	Date:
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