 **GCHA INJURY REPORT FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | **Time:** |  |

**Patient Details: Injury:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  |  | **Abrasion** | **Dislocation** |
| **Date of Birth:** |  |  | **Asthma** | **Exhaustion** |
| **Sex:** | Male / Female |  | **Bleeding** | **Fracture** |
| **Contact No:** |  |  | **Burns** | **Laceration** |
| **Team:** |  |  | **Concussion** | **Pain** |
| **Division:** |  |  | **Contusion** | **Sprain** |
| **Location:** | Turf / Grass |  | **Cramp** | **Strain** |
| **Trainers Name:** |  |  | **Deformity** | **Swelling** |
| **Trainers Ph No:** |  |  | **Dehydration** | **Tenderness** |

|  |  |
| --- | --- |
| **Management:** | Rest / Ice / Compression / Elevation / Stretch /Taping / Bandaging / Sling / Splint / Mobilisation |
| **Referral:** | Doctor / Hospital / Physiotherapist / Radiologist |



**Back**

**Front**

**First Aid Officer Name:**

**X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First Aid Officer Sign:**

**X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**