



# INJURY REPORT FORM

## IMPORTANT NOTES:

- This form is for the use of the SSU (School Sport Unit) to record and monitor injuries specific to events under its management. **It is to be completed only in the event of a serious injury**, defined as any injury requiring transport to a medical facility by ambulance or private car. **Upon completion, the form is to be returned to the SSU and filed for later referral as required.**
- It is the responsibility of a representative from the injured person's school for completion of **IRMS** (DECS-Incident and Response Management System – implemented post 2009)

**PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS.**

### 1. Event and Date

<b>Event Title:</b> .....	<b>Location/venue:</b> .....
<small>(eg. SSSSA Knockout Open Boys Football Finals)</small>	
<b>Date of Injury</b> : : :	<b>Time:</b> Hours (24 hour clock. eg. 1430)

### 2. Injured/Affected Person's Details

<b>Name:</b>	<b>School:</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Age (years):</b>
<b>Status:</b> <input type="checkbox"/> Student <input type="checkbox"/> Teacher/Coach <input type="checkbox"/> Official eg. Umpire <input type="checkbox"/> Spectator <input type="checkbox"/> Other eg. Community member.....			

### 3. Name of Person Completing Form

<b>Name:</b>
<b>Status:</b> <input type="checkbox"/> Event Convenor <input type="checkbox"/> SSU School Sport Officer <input type="checkbox"/> Other .....
<b>Name of person in charge</b> (if not the person completing this form): ..... <small>i.e. DECS person on duty at time.</small>

### 4. Place of Injury

<input type="checkbox"/> Gymnasium (school facility)	<input type="checkbox"/> Sports Field/Court/Oval
<input type="checkbox"/> Stadium (public/community facility)	<small>(school or community facility - Specify) .....</small>
<input type="checkbox"/> Other (Please specify) .....	<input type="checkbox"/> Swimming Venue

### 5. Details and Initial Assessment of Injury

#### 5.466 Part of the Body Injured (In the case of multiple injuries please tick the **most serious**) D5.escriptio

<input type="checkbox"/> Head (forehead/skull)	<input type="checkbox"/> Face (Incl. Teeth/Mouth/ Nose/Ears)	<input type="checkbox"/> Eyes
<input type="checkbox"/> Upper Limbs (Incl. Fingers/wrists/arms)	<input type="checkbox"/> Shoulder (Incl. Clavicle/Scapula)	<input type="checkbox"/> Back /Spine/Neck
<input type="checkbox"/> Lower Limbs (Incl. toes/feet/ankles/legs/knees)	<input type="checkbox"/> Hip / buttocks	<input type="checkbox"/> Groin
<input type="checkbox"/> Trunk (chest / ribs / abdomen)	<input type="checkbox"/> Internal organs	<input type="checkbox"/> Nervous system

### 6. Nature of Injury (In the case of multiple injuries please tick the **most serious**)

<input type="checkbox"/> Sprain / strain	<input type="checkbox"/> Concussion / intracranial injury	<input type="checkbox"/> Eye (foreign body)
<input type="checkbox"/> Open wound	<input type="checkbox"/> Bruising /Soft Tissue	<input type="checkbox"/> Respiratory condition eg Asthma
<input type="checkbox"/> Fracture	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Burn / scald
<input type="checkbox"/> Other (Specify): .....		

### 7. Details and Initial Assessment of Injury (If insufficient space is provided on this form, please attach additional sheet)

<b>What was the affected person doing at the time?</b>
<b>What happened/how was the injury sustained?</b> (Including consideration of any <u>prior</u> act or event that may have led to the injury or factors and/or hazards that may have contributed <u>at the time</u> of the injury).

### 8. Management and Treatment of Injury (more than 1 box can be ticked)

<input type="checkbox"/> First Aid Provided by: (Specify eg Sports Trainer) .....
<input type="checkbox"/> Ambulance called and transported to nearest medical facility.
<input type="checkbox"/> Transported to medical facility by: (specify eg Parent, team manager) .....
<input type="checkbox"/> Other treatment (Specify) .....