INJURY REPORT - FORM 4

To be completed by the Team Manager where any person suffers any injury and/or person is given medical attention by first aid or medical personnel. If there is insufficient room on the form, please use back of form to complete report. Any information given on this form will be used by the organisers solely for statistical/insurance purposes.

Team Manager to Complete

Date and Time of Injury

The Venue (eg Derwent Ent. Centre) and Location (refer to Marshal Point etc) where injury was incurred

Injured Person’s name

Team Injured Person is associated with

Role of Injured Person at the Event

Description of the injury and how it occurred
Include weather conditions, whether wet under foot etc

To be completed by Team Manager and First Aider/Ambulance Officer

Treated at the Scene by

☐ St John Member

☐ Ambulance Officer

Transported to hospital by

☐ Private Vehicle

☐ Ambulance

Team Manager’s Name:

Team Manager’s Signature:

Adminstration Section

Received by Rosny College Staff Member at on

Comments: