



The Tassie Energy Challenge

[Energy Education Australia and Confederation of Australian Motor Sport]

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

Name and First Aid Knowledge (eg Registered Nurse, Basic 1st Aid Certificate etc)

St John Member

Name and Rank

Ambulance Officer

Name and Qualifications

Transported to hospital by

Private Vehicle

Name of Driver

Ambulance

Driver's Name & Vehicle Registration

Team Manager's Name: _____

Team Manager's Signature: _____

Administration Section

Received by _____ at _____ on _____
TEC Administration Officer

Comments: _____

