

WPHCFC
INJURY REPORT

Please note this report is used for club records only. This is not an insurance claim form.

**To be completed in all cases where the injury requires medical attention.
This report must be lodged at Campbell Park, Wilga Street, West Pennant Hills or with the Club Secretary**

Team: _____ Date of Accident: _____

Full Name of Player: _____

Age: _____ Time of Accident: _____

Parents'/Guardians' Name: _____

Nature of the Injury: _____

Cause of the Injury: _____

Was Medical Attention secured? Yes / No

On Whose Authority? Parent / Manager / Coach / Referee _____

Name of Doctor: _____

Subsequent Treatment of Player: _____

Ground Where the Injury Occurred: _____

The parent/guardian of the injured player MUST be notified of the accident either personally or by phone.

Signed _____ Date _____