



# MOOROONDU FOOTBALL CLUB

a division of Mooroodu Sports and Recreation Club Inc.  
ABN: 79 514 182 995  
William Taylor Sports Grounds, Mooroodu Road, Thorneside  
PO Box 5561, Alexandra Hills, Queensland 4161



## ACCIDENT or INJURY REPORT FORM

This form must be completed for any person injured or involved in an incident during a training session or during a game. This includes:

- **Home games, training or events at Mooroodu:** Any person (player, official, spectator).
- **Away games:** Mooroodu Players, Mooroodu Team Officials, Mooroodu parents or friends.

Please submit this form to the MFC Secretary (pigeon-hole in the clubhouse), or email to a committee member.

Personal Details	
<b>Name:</b>	
Home Phone:	Mobile:
Email:	
<input type="checkbox"/> <b>Player</b> <input type="checkbox"/> <b>Official</b> (Coach, Manager, Ground Official, Referee) <input type="checkbox"/> <b>Spectator</b>	
<b>Club &amp; Team:</b>	
<b>Coach, Manager or Ground Official present:</b>	
Name:	Phone:
Accident /incident Details	
<b>Date of injury:</b>	<b>Time of injury/incident :</b> am / pm
<b>Location</b> (club, field number, description) <b>where injury or incident occurred:</b> .....	
<b>Description of Incident and Injury:</b> ..... ..... ..... .....	



**Direct cause of injury:** (e.g Clash of heads with opposition player)

.....

**Bodily Location of injury:** (e.g. right wrist)

.....

**Type of injury/disease:** (e.g. open wound, sprain)

.....

**Impact of injury/incident :** (please select one)

- Minor (eg ice; band-aid – able to continue)
- Moderate (eg unable to continue; injured person or parent seeks medical advice later)
- Major (eg break; sprain; knocked unconscious; unable to play for significant period)
- Catastrophic (eg irreversible injury; requiring major surgery; fatality)

**Description of actions:**

- First aid treatment at site by.....(eg name of coach, ground official or parent)
- Medical treatment off-site organised by.....(eg player or parent)
- Ambulance called
- Hospitalisation

**Contributing Factors:** Inadequate and/or incomplete

- Supervision      yes   no
- Documentation   yes   no
- Training           yes   no
- Equipment        yes   no
- Environment      yes   no
- Maintenance     yes   no
- Stress              yes   no
- Other                yes   no

**Suggestions for improvement** (to prevent accident recurring or to assist in emergency response):

.....

**Name, Signature and Contact Details** (of person reporting injury):

**Date of Report:**

.....