SEDGLEY WHITE LIONS F.C.
FOUNDED 1985

Respect

Player Injury Report Form

Date:		Time:	
Event:			

Injured Person's Details

First Name:			
Surname:			
Date of Birth:			
Address:			
Postcode:		Tel Number:	

Details of all persons involved in incident

Full Name of Person:	Contact Number:
1.	
2.	
3.	

Full Name of Witness:	Contact Number:
1.	
2.	
3.	

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Incident Details

Time of Injury:		**Date:**	

Describe the Incident

Treatment Given

Details of Person Giving Treatment:	**Role of Person Giving Treatment:**

Loss of consciousness?	YES	NO
Person sent to hospital?	YES	NO
Ambulance called?	YES	NO
If Yes, which hospital?		

Name of First Aider:	
Signed (First Aider):	
Date:	