
	<p>IPSWICH RFC Y&J</p> <p>INJURY FORM</p>	
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<p>1.</p> <p>Date & time of accident:</p>	
<p>2.</p> <p>Name & tel no. of injured player:</p>	
<p>3.</p> <p>Age Group:</p>	
<p>4.</p> <p>Location:</p>	
<p>5.</p> <p>Description of activity Injury & how it happened:</p>	
<p>6.</p> <p>Name & action of first aider:</p>	

<p>7.</p> <p>What happened to player following accident/incident?</p>	<p>WENT HOME/HOSPITAL/PLAYED ON</p>
<p>8.</p> <p>Has welfare officer been informed?:</p>	<p>YES/NO</p>

If Hospital treatment needed, follow up must be made by Coach with player's Parent/Guardian within 72 hours and outcome reported back to Club within 72 hours.

<p>Signed by Coach:</p>	
<p>Signed by Parent/Guardian:</p>	

Please return this form to 'Injury Form' folder on bar in Club.

Thank you.