Northwich United FC

Injury Report Form

Training • Matchday • Tournament • Club Activity

Confidential
Complete within 24 hours

Complete promptly and pass to the Club Welfare Officer/Secretary within 24 hours.

1. Club and Session Details

Team/Age Group		Date	
Time of Incident		**Match/Training/Event**	
Venue/Site			
Exact Location			
Person in Charge		**Role**	
First Aider(s)			

2. Injured Person Details

Full Name			
Date of Birth		**Age**	
Address			
Parent/Guardian Name		**Contact Number**	
Emergency Contact Notified?	Yes / No	**Time Notified**	
Known Medical Conditions/Allergies			

3. Incident Details

Nature of Injury/Incident	
Body Part Affected	
Activity Taking Place	Training / Match / Warm-up / Cool-down / Changing / Other:
How and precisely where did it happen?	
Witnesses	Name(s) and contact details:

4. Action Taken and First Aid Treatment

First Aid/Treatment Given	
First Aider Name(s)	
Were emergency services contacted?	Police: Yes / No Ambulance: Yes / No Parent/Guardian: Yes / No
If yes, give details and times	
Was the club Medical Emergency Action Plan followed?	Yes / No / Not Applicable

5. Head Injury or Suspected Concussion Check

If head injury/concussion is suspected: remove from play immediately, do not allow same-day return, notify parent/guardian, and advise medical assessment.

Head Injury/Suspected Concussion?	Yes / No
Symptoms Observed/Reported	Headache / Dizziness / Confusion / Memory issue / Balance problem / Nausea / Other:
Emergency Contact Notified?	Yes / No Name: Time:
Medical Assessment Recommended?	Yes / No Details:
Return-to-Play Advice Given?	Yes / No By whom:

6. Outcome After the Incident

What happened next?	Continued session / Stopped activity / Went home / Went to hospital / Ambulance attended / Other:
Who accompanied the injured person?	
Follow-up Required	Yes / No Details:
Restrictions/Advice Before Returning	

7. Reporting, Safeguarding and Declaration

Store securely and share only with appropriate club officials. If welfare/safeguarding concerns arise, notify the Club Welfare Officer immediately.

Club Welfare Officer Notified?	Yes / No	Date/Time:
Secretary/Committee Notified?	Yes / No	Date/Time:
Further Action Required?	Yes / No	Details:

I confirm this is a true and accurate record of the incident/injury and action taken.

Completed By		Role	
Signature		**Date**	
Contact Number		**Email**	