



MARYMEDE BASKETBALL CLUB

INJURY REPORT

Injury Details

Name

Team Name and Age Level.

Date of Injury Time of Injury.....

Place of Incident

Nature of Injury(s)

Explanation as to how the injury occurred:

Witness(s) name and contact number (if applicable)

Medical Treatment

What treatment was provided:
.....

By whom:Location:

Was an ambulance required? Yes/No

Do you have a medical certificate/Doctors/Hospital letter? Yes/No

If yes, have you provided a copy to the club? Yes/No

Is your child able to continue to play? Yes/No

If not, how long is your child unable to play for?

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Club Use Only

Date report received..... Received by.....

Date entered in Register.....Entered by.....

Medical documentation received: Yes/No

Documentation forwarded to association: Yes/No

Date forwarded/Association notified.....

By whom: