



Track and Field Injury Reporting Form Incident Form

To be used to record details of incidents

Date and time of incident:

Location of incident:

Details of parties involved:

If additional people involved, please write down details on a separate sheet

Person 1:

Name:

Centre: *(if not Algerster)*

Age:

Registration No *(if applicable)*:

Guardian / parent name:

Address:

Phone number:

Person 2:

Name:

Centre: *(if not Algerster)*

Age:

Registration No *(if applicable)*:

Guardian / parent name:

Address:

Phone number:



Details of incident: *Please describe in detail. If insufficient space, use separate sheet of paper and attach to form*

Any other relevant information:

Please record details of any witnesses who observed the incident:

If additional witnesses, please write down details on a separate sheet

Witness 1:
Insert name _____ **Phone No.** _____

Witness 2:
Insert name _____ **Phone No.** _____

Person filling in form to provide below information:

Parent / guardian notified of incident:
If yes, insert details below, including name of parent / guardian, time and date of notification: Yes No

Were emergency services contacted:
If yes, insert details below: Yes No

Photographs taken of any injuries / damage:
Please affix photographs to this form Yes No

Centre Manager notified:
If Centre Manager is not person completing the form Yes No

Little Athletics Queensland (LAQ) notified:
If yes, insert details below, including person notified, time and date of notification: Yes No

Form completed by: _____ **Date:** _____
Insert name
Phone number: _____ **Time:** _____