



CHRISTIAN FOOTBALL ASSOCIATION BLUE MOUNTAINS

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General Inquiries – Mr. Richard Calderwood Ph - 0414 221 077

INCIDENT / INJURY REPORT AND INVESTIGATION

Name:..... Team:.....

Injury Sustained (If any):.....

.....

Was or will the injury be reported to the CFABM insurer? ☐ YES ☐ NO

Details of Incident

Date:..... Time:.....

Location:.....

Description of how the incident occurred:.....

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Witnesses:..... Contact Telephone:

Signature of injured person:.....Contact Telephone:

Corrective Action

Immediate corrective action taken (first-aid):.....

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What follow up action is required (if any?):.....

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Extended follow up action required – Attach separate report (e.g. Doctor's report/referral)

Reviewed by CFABM Management Committee:..... Date:.....