

## Darlington Mowden Park – **FIRST AID REPORT FORM**

This form is to be used by a club First Aider to report an attendance to provide first aid

It must be sent **immediately** to the Club Safeguarding Officer

### A. DETAILS OF INJURED OR SICK PERSON

Title: (e.g. Dr, Mr, Mrs etc)	Date of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Family Name:	Other Names:	
Address:	Player Position:	
	Age Group:	
	Next of Kin:	
	Tel No:	
	Club Member: <input type="checkbox"/> yes <input type="checkbox"/> no	
Status: Player <input type="checkbox"/> Coaching Team <input type="checkbox"/> Management <input type="checkbox"/> Spectator <input type="checkbox"/> Opposition <input type="checkbox"/> Other <input type="checkbox"/> (specify):		
Senior <input type="checkbox"/> Junior <input type="checkbox"/>		

### B. DETAILS OF ATTENDANCE

Date:	Time (use 24hr clock) :
Location:	1 <sup>st</sup> /2 <sup>nd</sup> half:
Match Details:	

### C. DETAILS OF TREATMENT

<b>What happened?</b> Nature & extent of injuries	Give a brief outline of what led up to/caused the incident and the nature of illness/type of injury e.g. fell on stairs – twisted right ankle; taken ill – felt faint.
<b>Treatment given</b> (tick all relevant) <input type="checkbox"/> None <input type="checkbox"/> Self <input type="checkbox"/> Occupational Health Service <input type="checkbox"/> Own General Practitioner <input type="checkbox"/> Hospital <input type="checkbox"/> University First Aider	Give full details (continue overleaf if necessary) .....
<b>Advice / recommendations given:</b>	Was player advised to leave the field/play on/If accident at work, remind injured person or manager to complete an accident report form.
First Aider (print and sign name)	
Date: _____ Contact details _____	

### D. To be completed by the Team First Aid Coordinator (if appropriate):

Further actions taken or required?
Signed : _____ Dated: _____