



# INJURY REPORT FORM

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This form must be completed for all injuries which occur at NSTA events. This is particularly important from an insurance perspective, to assist in streamlining injury claims.

## 1. Personal Details

Name:

Address:

  

Contact Phone Numbers:

H	W
M	F

Email:

## 2. Incident Report Details

Date:  /  /20 Time:  am/pm

Team Name:

Opposition Team Name:

Venue:  Field Number:

## 3. Injury

Nature of Injury:

  

Brief Report of How Injury Occurred\*

  
  
  

\*Attach further Information on separate page if insufficient room.

## 4. Injured Participant Declaration

To the best of my knowledge, the above details surrounding my injury are true and accurate.

Signature:

Date:  /  /20

## 5. Affiliate Representative Declaration

Name of Ground Supervisor:

Signature:

Date:  /  /20

To the best of my knowledge, the details surrounding the injury are true and accurate. The injured participant is a registered and financial member of NSTA.

Name of Affiliate Representative:

Position (e.g. administrator, committee member)

Signature:

Date:  /  /20

## 6. Recommended Injury Action Plan

**Step 1:**

- R - Rest the injured area
- I - Ice (20mins on, 20 mins off for 48hrs minimum)
- C - Compress the injured area (e.g. with a bandage)
- E - Elevate the injured area above heart level

**Step 2:** Complete this form (as soon as practical on the date the injury occurs) with assistance from a NSTA representative and keep a copy for your records.

**Step 3:** Seek treatment and diagnosis

**Step 4:** Contact Sportscover on **1300 134 956** or visit [www.sportscover.com.au](http://www.sportscover.com.au) for more information.