



PONTYPRIDD TOWN AFC

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Members of:

The Football Association of Wales
 The Welsh Football League
 The South Wales Football Association
 The South Wales Women's League
 Taff Ely & Rhymney Valley Football Alliance
 The South Wales Girls Football League

INJURY REPORTING RECORD

Private & Confidential

PLAYER DETAILS:

Name of Player: _____ Team: _____
 Players Address: _____
 _____ Telephone: _____

Name of Person Completing This Form: _____

INJURY DETAILS:

Date of Injury: _____ Time of Injury: _____

Place and Circumstances of Injury:

Name of Person Attending to Injury: _____

Details of Injury and Treatment Given:

Outcome: _____

If Ambulance / hospital involved, name of health service professional taking over care of player

If taken to hospital has medical data been given to staff? Yes / No

Was parent present? Yes / No

Has parental report been given? Yes / No

What advice is given on parental form? Homecare Doctor Hospital / X-ray

Other parental advice given:

Any Further action necessary: _____

Signed: _____ Date: _____

Countersigned: _____ Date: _____