



BOWEN ISLAND FOOTBALL CLUB

INCIDENT REPORT FORM

To be completed **ONLY** in the event of a serious incident, after the Emergency Action Plan has been completed and the player is safely taken care of.

NAME:	
TEAM ROLE:	
TEAM NAME:	
LOCATION OF INCIDENT:	
DATE AND TIME OF INCIDENT:	
NAME OF PLAYER(S) INVOLVED:	
DESCRIBE HOW THE INCIDENT HAPPENED:	
GIVE A DESCRIPTIONS OF INJURIES (to the best of your knowledge):	
WAS THERE A HEAD INJURY/POSSIBLE CONCUSSION? (to the best of your knowledge):	
DESCRIBE THE STEPS TAKEN:	
SIGNATURE:	DATE: