

THIS REPORT SHOULD BE COMPLETED AND FORWARDED TO GOW GATES WITHIN 48 HOURS OF INJURY.

Please use this form to report any injuries that occur whilst playing football or taking part in organised football squad training sessions that fit any of the following definitions:

1. An individual who sustains an injury which results in their being **admitted to a hospital**. This does not include those taken to an Accident or Emergency Department and allowed home from there.
2. Fatalities occurring during or within 6 hours of the game finishing.

Date of report: _____

Time of report: _____

Date of injury: _____

Time of injury: _____

Player's name: _____

DOB or Age: _____

Club/School: _____

Team: _____

Injured Player Contact Details:

Address: _____

Phone No: _____ Mobile: _____

Next of Kin: _____ Relationship: _____

Phone No: _____ Mobile: _____

Game: Training:

Nature of suspected injury: _____

Match Details

Opposition Club: _____ Team: _____

Venue: _____

Name of Match Official: _____

Circumstances of Injury

1) Position played when hurt: _____

2) Playing or training: _____

3) Contact or Non-Contact: _____

4) Brief report of circumstances of injury or illness: _____

5) Did the injury result in a free kick? YES NO

6) Was the player kept in overnight (OR required nursing supervision elsewhere, eg. school) YES NO

7) Date of admission to hospital: _____ Date of release from hospital: _____

8) Did the player leave the field immediately? YES NO

9) Name and address of hospital: _____

Nature of injury

(please tick appropriate box)

Body Part Affected

- Head
- Face/Jaw
- Neck
- Shoulder/Upper Limb
- Chest/Back
- Abdomen/Pelvis
- Knee
- Lower Limb (Other)

Provisional Diagnosis of Injury

- Concussion
- Damaged Teeth
- Fracture
- Dislocation
- Damaged Ligament
- Internal
- Laceration (Wound)
- Other (Specify)

Additional Comments: _____

Name and address of Club DR. or player's GP: _____

Player Declaration

I understand that this Serious Injury Report, which includes personal data about me (including sensitive personal data, e.g. medical information) for the purposes of the Privacy Act (the "Act"), will be kept by Gow-Gates Insurance Brokers. As well as being held by Gow-Gates, I understand that this data will be processed in the following ways:-

- disclosure to Sportscover, the insurers to the FFA National Insurance Program;
- disclosure to FFA and/or Member federation.

I consent to this processing.

Signed consent of injured player (or representative) _____ Date ____/____/____

Confirmation on behalf of club

Name of reporting person: _____

Position within Club/School: _____

Contact Telephone Numbers: _____

Signed: _____ Position in club: _____

Failure to complete these forms may, in some circumstances, lead to loss of insurance support, as these forms flag potential claims.

Once completed, please send this form to Gow-Gates Insurance Brokers:
Email: football@gowgates.com.au Fax: 02 8267 9998 Tel: 02 8267 9999