

## INJURY REPORT FORM

Please use this form to report any injuries that occurred in an organised judo session of the Northern Ireland Judo Federation (NIJF) where it was required to administer first aid (FA) to a player or a player was advised to go to hospital or a player did go to hospital due to an injury.

<b>Name of reporting person</b>	
<b>Date of report</b>	
<b>Position/role of reporting person</b>	
<b>Contact details of reporting person</b>	
<b>Date of injury</b>	
<b>Time of injury</b>	
<b>Venue of injury</b>	
<b>BJA Club</b>	
<b>Name of coach in charge of session</b>	
<b>BJA membership of coach</b>	
<b>Nature of suspected injury</b>	
<b>What activity was taking place when injury occurred</b>	
<b>Name of player injured.</b>	
<b>NIJF membership number of player</b>	
<b>Date of birth of player injured or age</b>	
<b>Players contact number</b>	
<b>Name of players emergency contact</b>	
<b>Number of emergency contact</b>	
<b>Relationship of emergency contact</b>	
<b>Did the player receive first aid treatment</b>	
<b>Who administered first aid</b>	
<b>Where was first aid administered</b>	
<b>Where was first administered</b>	
<b>Did the player continue training</b>	
<b>Did the player retire from training</b>	
<b>Was an ambulance called for</b>	
<b>Was the player advised to go to hospital</b>	
<b>Did the player go to hospital</b>	
<b>Who accompanied them to hospital</b>	
<b>How did they get to hospital</b>	
<b>Did the player report back to the coach/ club after attending hospital</b>	
<b>What was the outcome of attending hospital</b>	
<b>Name of witness/es</b>	
<b>Contact details of witness/es</b>	
<b>Signature of reporting person</b>	