|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Date of Incident | | | / / | | | Time | |  | | | | Location | | |  | | |
|  | | | | | | | | | | | | | | | | | |
| Coaches Present: | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Name of Player: | | | |  | | | | | | | Date of Birth | | | / / | | | |
|  | | | | | | | | | | | | | | | | | |
| Address: | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Phone (h) |  | | | | | | | | | Parents | | |  | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Description of the incident (include what happened after, injuries sustained, treatment given, equipment for other people involved) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Hospital: | YES / NO (please circle) | | | | | | Details: | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Follow-up required: | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Signed | |  | | | | | | | | | | | | | | Date | / / |
|  | | | | | | | | | | | | | | | | | |
| Print Name | |  | | | | | | | | | | | | | | | |
| Once Completed, please send this form to:  Guernsey Rugby Academy LBG, Safeguarding and Welfare Officer, Jo De Garis  Ocean Echoes, Route de Felconte, St Peter’s, Guernsey GY7 9QB  Email: [gra.firstaid@yahoo.com](mailto:gra.firstaid@yahoo.com) | | | | | | | | | | | | | | | | | |