



LANGWARRIN LAZERS BASKETBALL CLUB - FIRST AID / INJURY REPORT FORM

Date of Accident/Injury: Time of Accident/Injury: AM/PM

Name of person/s injured/ involved:

Location of accident/injury:

Cause of the accident:.....
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.....

Name of person/s witness to the accident:.....
Address:.....
.....
.....

Name of person/s witness to the accident:
Address:.....
.....
.....

Nature of the Injuries:.....
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.....
.....

Subsequent action and treatment involved:.....
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.....
.....
.....
.....

Parent Advised: Yes / No Method of Advice:.....
Signed by:..... Date:.....
Address:.....

Please complete and email this form to president@langwarrinlazers.com.au