



## A5 - INJURY/ACCIDENT REPORT

A SEPARATE FORM SHOULD BE USED FOR EACH INJURY/ACCIDENT

Person making the Report	Name: Contact Details: Tele/Mob:
Date of Report of Injury/Accident	
Person involved in Injury/Accident	
Sport/Event	
Location of Injury/Accident	
Date and Time of Injury/Accident	
Coach/Official in Charge of Event	
Nature of the Injury	
Action Taken (disciplinary or first aid etc)	
Who was the Injury/Accident reported to?	
Any witness/es to the Injury/Accident? If Yes, provide name/s and contact details.	
When were Family/Carer contacted?	
Any other relevant comments.	

A copy of this report should be forwarded to:

**Finance & Administration Manager**

**Golf SA Inc**

**PO Box 423**

**North Adelaide SA 5006**

Golf SA Inc: Tele 08 82671353 Fax: 08 82671437