



Mungret St Paul's GAA club.

Injury Reporting Form.

Name: _____ Male: ___ Female _____ D-O-B ___ / ___ / ___

Address: _____

Contact Number: _____ E-Mail: _____

Date and time of Accident: _____ Grade/Age group of Team _____

Did Injury happen during (a) Supervised Training: _____

(b) Organised Match: _____

Who were the opposition: _____ Venue: _____.

Hurling or Football: _____ Name of Referee _____

Nature of Injury: _____

Brief Details of Circumstance

Immediate Action Taken: _____

Who witnessed the Injury ? _____

Was player referred to hospital? _____ How was player taken to hospital? _____

Name of Coaches present: _____

Date of this Report: _____

Form Submitted to Club Secretary by: _____

Signature: _____ Date: ___ / ___ / ___