



Injury / Incident Report

Name of Injured

Name of Parent if Injured is under 18 years
of age

Date of injury

Venue location where the injury occurred

Time injury occurred

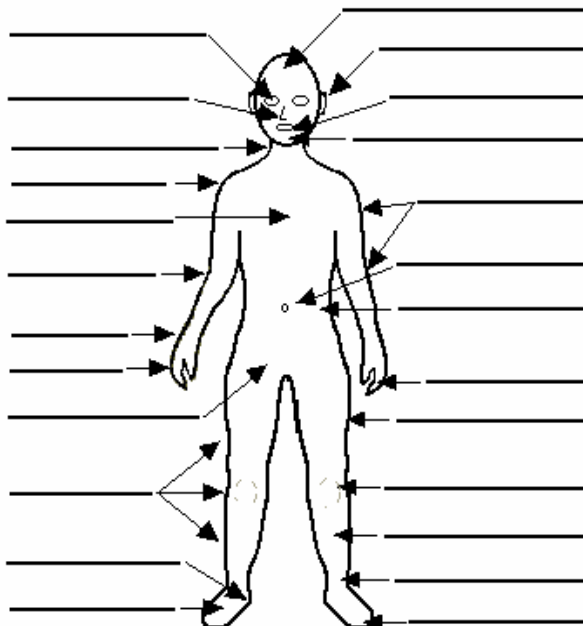
Injury witnessed by

Time of report

Injury reported by

Describe activity that led to injury/incident

Describe injury or symptoms





Who provided treatment? _____

Was a Parent or Guardian present? _____

Outline treatment given by
ausTouch staff

Was person referred to a medical
practitioner/physiotherapist/hospital?

YES / NO

If yes, please outline

Who _____

Where _____

Name of Person completing form _____

Signature _____

Date _____

Attach form to weekly diary and return to << CENTRE CO-ORDINATOR>>