

### Register of Injury

**Injured Persons Details** Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Accident/Incident Details** Date of event: \_\_\_\_\_ Time of event: \_\_\_\_\_

First Aid Administered by: \_\_\_\_\_ Report prepared by: \_\_\_\_\_

**Activity and area in which the person was engaged at the time:**

**Type of injury, part of body injured/nature of the incident:**

**Cause of injury:**

**Treatment Given/Action Taken:**

**Further treatment needed/suggested:**

**Name & signature of injured person/Guardian:** \_\_\_\_\_