

## WHFC: SERIOUS INJURY and MEDICAL ATTENTION REPORT



Team:	
Date:	
Opposition:	
Kick-Off time:	
Ground/Field:	
Name of Player:	
Approximate time injury occurred:	
General location of suspected injury (i.e. left knee, right ankle, etc):	
Circumstances: (How it occurred and result of injury)	
Any Medical attention given: (ambulance arrived at ?)	