



Dear Parent / Guardian

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|----------------|--|
| Player name: | |
| Date: | |
| Time: | |
| Report Number: | |

Your child has sustained an injury at training / match day today (please delete applicable).

They have been monitored since the incident and we have not identified anything that caused concern up to the time of them leaving.

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| Details of injury: |
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If you notice any of these symptoms then please call NHS Direct on (111/0845 4647) or if you feel they are more severe call an ambulance on (999/112)

- Nausea and vomiting several hours after the injury time
- Confusion, feeling lost or dizzy or difficulty making sense when talking.
- Lasting headache that gets worse or is still present 6 hours after the injury time.
- Increased pain from injury site, unable to move arm/leg.
- Unconsciousness or coma

Regards,

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Manager/Coach/Parent Rep (please sign)





Macclesfield Town Ladies FC

Injury Form

Version

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|------------|----------------|
| Version | v1.0 |
| Approved | 2022.01.01 |
| Owner | Club Secretary |
| Web Upload | 2022.04.01 |

