

INCIDENT NOTIFICATION FORM (COMPETITIONS ONLY)



Details

Competition: _____ Venue: _____

Senior Referee: _____

Tournament Director: _____ Date: _____

Incident/Accident

Injured Person Name: _____

Club: _____ Grade: _____ Weight: _____

Opponent Name: _____

Club: _____ Grade: _____ Weight: _____

Witnesses

Referee and Judges: _____

Senior Recorder: _____

Description of what occurred including any allegation of Professional Negligence: _____

Medical

Was First Aid Administered on site?: Yes No

State if sent to Hospital: Yes No

Brief Description of Injury: _____

Attach Accident Report (if available)

Officials Signatures

I confirm the above information is to the best of my knowledge is accurate.

Tournament Director Signature: _____

Senior Referee Signature: _____

Injuries to be recorded on this form must include:

- Any fracture of suspected fracture (other than to toes, fingers, thumbs)
- Any head injury
- Dislocation or suspected dislocation of the shoulder, hip, knee, spine
- Unconsciousness
- Injury involving either referral to or actual hospital treatment
- Any other serious injury that in the opinion of the club ought to be reported. This is particularly relevant where minors are involved

Completed form should be sent to:

British Judo Association, Suite B, Loughborough Technology Centre, Epinal Way, Loughborough LE11 3GE