



Pony Club Victoria

PONY CLUB VICTORIA Injury/Incident Report Form

A Club Official (not the member) should complete this form in duplicate on the day the injury/incident occurs.

- One copy to be retained by the Club
- One copy to be sent to PCAV (the original)

Details of the member who has been injured or caused property damage

Card No:	(Riding/Associate members)	Member Type: (please tick)
Pony Club:		<input type="checkbox"/> Riding (up to 17yrs)
First name:		<input type="checkbox"/> Associate (17 – 21yrs)
Last name:		<input type="checkbox"/> Adult Supporter/Volunteer
Address:		<input type="checkbox"/> Official
Suburb:	Postcode:	<input type="checkbox"/> Other (specify):
Parent /Guardian (if under 18):

Injury/Incident Details

Place of injury/Incident:	Day of the week:
PCAV Zone:	Date:
Event:	Approx time: AM / PM
Reported by:	to:
What was the member doing when the injury/incident occurred?:	
.....	

Was the member authorised to perform this task/function? Yes No

How did the injury/incident occur?

Nature and extent of the injury/incident?

Action taken:

Did the member receive first aid treatment? Yes No

Did the member stay for the remainder of the rally? Yes No

Was an ambulance used? Yes No

➤ If yes, what time did it arrive? Time:

Did the member go to hospital Yes No

➤ If yes, which hospital?

➤ Hospital address:

➤ Doctor who attended the member:

Witnesses to the injury/incident

1. Name: Phone:

2. Name: Phone:

3. Name: Phone:

Form completed by: Position:

Club Secretary signature: Date:

Club DC/President signature: Date:

Send completed report forms to: PCAV 73-75 Mackie Road, Mulgrave, 3170	NOTE: This is a report form not insurance claim form CLAIM FORMS REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
	PCAV OFFICE USE ONLY DATE RECEIVED: _____ FORMS SENT: _____