



This is a document recommended by Gow-Gates to assist EA in the management of serious injuries. We believe it is important for the National Body to remain informed regarding serious injuries, in the event that assistance or special attention may be required. This form has no real impact on the EA insurance policies or a claim, it is simply used for recording purposes.

Please use this form to record and/or report any injuries that occur whilst competing or taking part in organised equestrian activities that fit any of the following definitions:

1. An individual who sustains an injury which results in their being admitted to a hospital.
2. Deaths occurring during or within 12 hours of the event finishing.

Date of report: _____

Time of report: _____

Date of injury: _____

Time of injury: _____

Rider's name: _____

DOB or Age: _____

Club/School: _____

EA / Affiliate Event: Other:

Nature of suspected injury: _____

Category:

- 1. An injury which results in admission to a hospital.
- 2. A death which occurred during or within 12 hours of an event finishing.

Event Injuries Only

Organiser: _____ Event: _____

Venue: _____

Name of _____

Responsible Officer: _____

Injured Rider Contact Details:

Address: _____

Phone No: _____ Mobile: _____

Next of Kin: _____ Relationship: _____

Phone No: _____ Mobile: _____

Nature of injury *(please tick appropriate box)*

Body Part Affected

- Head
- Face/Jaw
- Neck
- Shoulder/Upper Limb
- Chest/Back
- Abdomen/Pelvis
- Knee
- Lower Limb (Other)

Provisional Diagnosis of Injury

- Concussion
- Damaged Teeth
- Fracture
- Dislocation
- Damaged Ligament
- Rupture Spleen/Kidney, Etc (Specify) _____
- Laceration (Wound)
- Other (Specify) _____

Additional Comments: _____

Name and address of Club DR. or rider's GP: _____

Participant Declaration

I understand that this Serious Injury Report, which includes personal data about me (including sensitive personal data, e.g. medical information) for the purposes of the Privacy Act (the "Act"), will be kept by Gow-Gates. As well as being held by Gow-Gates, I understand that this data may be processed in the following ways:-

- disclosure to Sportscover, the Insurers to the EA National Insurance program
- disclosure to EA and or State Branches

By signing below, I consent to this processing:

Signed consent of injured player (or representative) _____ Date ____/____/____

Circumstances of Incident

1. TRAINING or EVENT (please specify) _____
If an Event, please provide details (Competition, Clinic, etc) _____

2. Discipline ridden when hurt: _____
Riders normal discipline: _____

3. Level of discipline: e.g. Eventing - Pre Novice - Cross Country phase. _____

4. Why did the injury occur?: Accident/ Carelessness/Unavoidable/Other (please specify) _____

5. Brief report of circumstances of injury: _____

Additional Material on Incident

6. Was the rider kept in overnight (or required nursing supervision elsewhere, eg. school) Yes No

7a. Date of admission to hospital: Date ____/____/____ Date of release from hospital: Date ____/____/____

b. Name and address of hospital: _____

Witness

Address: _____

Phone: _____ Mobile: _____

Action taken by club

Risk management checklist

Confirmation on behalf of club

Name of reporting person: _____ Position within Club: _____

Contact Telephone Numbers: _____

Signed: _____

NOTE: FAILURE TO COMPLETE THESE FORMS CAN LEAD TO THE LOSS OF INSURANCE SUPPORT, AS THESE FORMS MAY NOTIFY OF POTENTIAL PUBLIC & PRODUCTS LIABILITY CLAIMS.

Once completed, please send this form to the Gow-Gates Equestrian Administrator -
Email: equestrian@gowgates.com.au Fax: 02 8267 9998 Tel: 02 8267 9999