



Player Injury Report Form



Name: _____

Address: _____

Date of Birth: ____/____/20____ Mobile No: 08____ email: _____

Employment Status: (Please ✓) Employed Unemployed Student

Occupation: _____

Private Medical Insurance: (Please ✓) Yes No

Provider: _____ Plan Name: _____

Date of Injury: ____/____/20____

Injury Type: (e.g. Fracture, Cruciate, Cartilage etc.) _____

Activity Involved: (Please ✓) Training Challenge Match Official Match

Code: (Please ✓) Hurling Camogie Football

Official Helmet Worn: (Please ✓) Yes No

Mouthguard Worn: (Please ✓) Yes No

Please Note: Claims cannot be processed unless all the necessary forms are fully completed.

In all cases a Claimants Declaration Form must be completed, and where necessary a GAA Medical Certification and/ or a Social Welfare Declaration Form must be completed.

* GAA Medical Certification to be completed

** Social Welfare Declaration to be completed



Player Injury Report Form



Grade: (e.g. U13, U15, Minor, Junior, Senior etc.) _____

Part of Body Injured: _____

How did Injury Occur: _____

Opposition Club: _____

Was the injury included in the official referees report: (Please ✓) Yes No

Did you attend Doctor/Hospital/Dentist: (Please ✓) Yes No

Doctor/Dentist Attended*: _____

Nature of Claim: (Please ✓) Medical Dental Both

Number of Days out of Work/School due to injury: _____

As a result of the injury did you claim social welfare payments: (Please ✓) Yes** No

Please email all completed forms to:
secretary.rapparees.wexford@gaa.ie

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