

## PLAYER INJURY REPORT FORM

### PLAYER INJURY REPORT FORM

This form must be completed for all injuries occurring at a soccer event and requiring an evaluation by a Physician or Health Practitioner (e.g. 911 is called, player taken to hospital/clinic, concussion suspected). A Team Official (Trainer, Coach, Assistant Coach, Manager) who witnessed the incident must complete this form and submit it to the BSC office within 24 hours at [injury@burlingtonsoccer.com](mailto:injury@burlingtonsoccer.com). If an insurance claim needs to be made through OSA, parents/guardian can refer to Ontario Soccer Insurance link on BSC website).

- If the player sustained a concussive injury outside of a soccer-related event (e.g. at school, at home, etc.), please check this box, complete relevant sections of the form, and send to BSC; concussion protocol will need to be followed; player is not eligible for OSA insurance.

Player's First Name		Last Name	
Date of Injury		Time of Injury	
Location of Injury (Field, Town, etc.)			

List Injuries (E.g. Head injury – list symptoms; fracture; sprain; etc.) \_\_\_\_\_

Describe Incident / Mechanism of injury (E.g. Head-to-head collision, fell awkwardly on right ankle, etc.) \_\_\_\_\_

Emergency Medical Services called?  Yes  No

Hospital / Clinic (where player is being transported): \_\_\_\_\_

Mode of Transportation to Hospital / Clinic: \_\_\_\_\_

Parents / Guardians of Player: \_\_\_\_\_

Have the Parents been advised?  Yes  No



#### BURLINGTON SOCCER CLUB

3370 SOUTH SERVICE ROAD, SUITE 200/201, BURLINGTON ON L7N 3M6  
905.333.0777 • [WWW.BURLINGTONSOCCER.COM](http://WWW.BURLINGTONSOCCER.COM)

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**Team Information**

Competitive       House League

Team Name/Age \_\_\_\_\_

Opposing Team \_\_\_\_\_

Name of Team Official Completing this form \_\_\_\_\_

Team Official Position \_\_\_\_\_

Team Official Phone Number \_\_\_\_\_

Signature \_\_\_\_\_

#	Witness Name	Witness Phone Number
1		
2		



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