

INJURY REPORT FORM

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

Injured Person 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



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Team Information (if applicable)

Competitive House League

Team Name/Age _____

Opposing Team _____

Name of Staff Member Completing this form _____

Staff Member Position _____

Staff Member Phone Number _____

Signature _____

#	Witness Name	Witness Phone Number
1		
2		

