

PLAYER INJURY REPORT FORM

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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. 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

3390 SOUTH SERVICE ROAD, SUITE 104, BURLINGTON ON L7N 3J5
905.333.0777 • 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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