

## Player Information

Player Name:
Address:
City & Postal Code:
Home Phone:
Email:
Describe the Incident in detail:

## Injured Body Part

Specify:		
Follow Up: Doctor:	Hospital:	Specialist:
Was First Aid needed: Yes _____ No _____		
Was First Aid administered: Yes _____ No _____ If yes by whom:		
Describe treatment:		
Was 911 called: Yes _____ No _____		
If medical treatment was declined, have injured party sign here		
If EMS responds: Badge/Truck #		
Injured party released to: Self _____ Parent _____ EMS _____ Other _____		
If released to EMS, which hospital injured party taken to:		

## History

Has the player had an injury of the same type & location before: No \_\_\_\_ Yes \_\_\_\_ Months ago

When did injury occur: Training \_\_\_\_ Game \_\_\_\_ Field conditions \_\_\_\_\_

Was injury caused by overuse or trauma: Overuse \_\_\_\_\_ Trauma \_\_\_\_\_

Was injury caused by contact with another player: Yes \_\_\_\_ No \_\_\_\_

Head Coach Name:

Team Name:

*This form is to be completed by the Coach at the time of incident and must be submitted to BUSC President within 24hrs. All injuries and accident are to be taken seriously and should be tended to by a Medical Professional immediately. If additional comments are required, they should be attached to this form. Forms can be sent via email to [bowmanvillesoccer@gmail.com](mailto:bowmanvillesoccer@gmail.com) or dropped in a sealed envelope addressed to BUSC at Darlington Soccer Club.*