**Northumberland Soccer Club**
700 D'Arcy Street Unit #1
Cobourg, ON K9A 5T3
905-377-9361
info@northumberlandsoccer.com

# INJURY/INCIDENT REPORT FORM

Date Report was Completed:

*This report is to be used for* ***ALL injuries, accidents or incidents*** *relating to players, parents, referees & spectators*

Part A: **INJURY/INCIDENT REPORT FORM TO BE COMPLETED**

**BY THE PERSON(S) INVOLVED INCLUDING PLAYER, COACH, REFEREE**

***Please complete within 24 hours of the injury/incident. If the incident caused serious injury or property damage please call the Northumberland Soccer Club at 905-885-9120***

## 1. INFORMATION ABOUT THE PERSON INVOLVED IN THE INCIDENT/RECEIVED THE INJURY

| | |
|---|---|
| First Name: | Last Name: |
| Date of Birth (d/m/yr): | Home Phone #: |
| NSC Role (player,coach, etc.): | Cell Phone #: |
| Are you currently on an NSC Team?(yes/no): | |
| **If yes please provide team details (eg. U13 House League):** | |
| Name of Coach: | Coach Telephone #: |
| What Occurred? ☐ Injury ☐ Accident ☐ Incident | |
| Where did it occur? | |
| Have you already reported the injury/incident? ☐ YES ☐ NO | |
| If yes, who did you report it to? Name: | Date Reported: |

## 2. DESCRIBE THE INJURY/INCIDENT IN AS MUCH DETAIL POSSIBLE (please print)

| If an injury occurred, please check the following boxes that apply: | ☐ No 1st Aid Administered | ☐ No EMS Contacted |
|---|---|---|
| | ☐ 1st Aid Administered | ☐ Parent/Guardian was onsite |
| | ☐ CPR Administered | ☐ Recommended to visit hospital |
| | ☐ EMS Contacted | ☐ Hospital visit not needed |

**3. WHAT PART OF THE BODY WAS AFFECTED? (Tick the appropriate box)**

| HEAD | TRUNK | ARM | LEG | FOOT |
|---|---|---|---|---|
| ☐ EYE | ☐ NECK | ☐ LEFT | ☐ LEFT | ☐ LEFT |
| ☐ EAR | ☐ HIP | ☐ RIGHT | ☐ RIGHT | ☐ RIGHT |
| ☐ NOSE | ☐ CHECK | ☐ SHOULDER | ☐ KNEE | ☐ GREAT TOE |
| ☐ MOUTH | ☐ STOMACH | ☐ UPPER ARM | ☐ LOWER LEG | ☐ OTHER TOES |
| ☐ TEETH | ☐ GROIN | ☐ ELBOW | ☐ ANKLE | ☐ INSIDE |
| ☐ FACE | ☐ BACK | ☐ WRIST | ☐ THIGH | ☐ OUTSIDE |
| ☐ SKULL | ☐ MULTIPLE | ☐ FOREARM | | |

| Name (Print): | Witness Name (Print): |
|---|---|
| Signature: | Witness Signature: |
| | Witness Contact Number: |

***Northumberland Soccer Club Office Use Only***

| Reviewed By: | Date (d/m/yr): |
|---|---|
| Entered into Database: | Follow-up Invertigation Required: |
| Recommendation: | |
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| | |
| Signature: | Date: |