

Player Injury Report Form

This form must be completed for all injuries occurring at a soccer event requiring an evaluation by a Physician or Health Practitioner. A Team Official (coach, assistant coach, manager, trainer) must complete this form and submit it to OSMSA at office@owensoundminorsoccer.ca.

Team Name:

Injury Date:

Time:

Player's Full Name:

Location of Accident (Field, Facility, Town, Province):

List Injuries:

Describe Incident:

Emergency Medical Services called? Yes No

Hospital/Clinic where player was transported:

Mode of Transportation to hospital/clinic:

Parents/Guardians of player:

Parents/Guardians present at time of injury? Yes No

If not present, were parents/guardians advised? Yes No

Team Representative/Official Information:

Name of Team Official completing this form:

Team Official Position:

Signature:

Opposing Team (if applicable):

(1) Witness Name:

Witness Phone #:

(2) Witness Name:

Witness Phone #: