



PBG PREDATORS COMPETITIVE SOCCER

INJURY REPORT FORM

1. Date of Accident _____ Time _____

2. Name of Injured Person _____ Date of Birth _____

Address _____

Phone Number _____ Parent/Guardian Name _____

Phone Number _____ Parent/Guardian Name _____

3. Location of Accident

4. Describe how the person was injured

5. Noticeable Injuries (check all that apply)

- | | | | | |
|--------------------------------|---------------------------------|-----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Cut | <input type="checkbox"/> Bruise | <input type="checkbox"/> Thigh | <input type="checkbox"/> Knee | <input type="checkbox"/> Lower Leg |
| <input type="checkbox"/> Ankle | <input type="checkbox"/> Foot | <input type="checkbox"/> Hip | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Chest |
| <input type="checkbox"/> Back | <input type="checkbox"/> Neck | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Arm | <input type="checkbox"/> Wrist |
| <input type="checkbox"/> Hand | <input type="checkbox"/> Thumb | <input type="checkbox"/> Finger | <input type="checkbox"/> Head | <input type="checkbox"/> Face |
| <input type="checkbox"/> Eye | <input type="checkbox"/> Nose | <input type="checkbox"/> Mouth | <input type="checkbox"/> Teeth | <input type="checkbox"/> Other |

6. Medical Aid Rendered: None Needed [] Called 911 []

First aid given [] – Describe

Taken to Hospital – By Whom _____

Hospital _____

7. If injured person is under 18 years of age was a parent or legal guardian notified?

Yes [] In Person [] Phone [] No []

8. Injured Person Released Self To Parent To other party name _____

9. Describe condition of injured person at time of release

10. Name (s) of witness (es) at time of accident

Name _____

Phone _____

Name _____

Phone _____

11. Name of person completing report _____

Date _____

1. All injuries, including blows to the head, should be attended to by a medical professional immediately.

2. An Accident Report Form should be completed any time there is an injury or accident.

3. The Accident Report form is to be completed only by PBG Coaching staff and Team Managers

4. If you or someone else has additional comments, please put those on a separate paper and attach to the Accident Report Form.

CLUB USE:

Player Released to return back to play: Yes [] Date _____

DOC Signature: _____