

Pend Oreille Sports Association

SOCCER INCIDENT REPORT

(This form is to be completed by a coach. If more than 1 person is injured, a separate report will be completed for each injured party. The completed form will be forwarded to kristen@posasports.org)

INCIDENT DATE: _____ INCIDENT TIME: _____ AM / PM

WHICH FACILITY: _____ TEAM NAME: _____

Age Group: _____ Coach: _____

HOW THE INCIDENT OCCURRED:

BODY PART INJURED:

INJURED PERSON (CIRCLE): ATHLETE OFFICIAL COACH SPECTATOR EMPLOYEE VOLUNTEER
OTHER _____

WHERE AT THE COMPLEX DID THE INJURY OCCUR:

CLASSIFICATION OF INJURY (CIRCLE):

NON-INJURY	MINOR INJURY/ILLNESS	SERIOUS INJURY/ILLNESS
DISPOSITION: () RELEASED TO PARENT	() REFUSAL OF CARE	() REFER TO DOCTOR
() REFER TO HOSPITAL OR CLINIC	() MEDICAL ATTENTION	() EMS TRANSPORT
() PATIENT REQUESTED EMS	() RELEASED TO PERSONAL VEHICLE	

If transported to medical facility, please provide name and location:

INJURED PERSON INFORMATION:

Last Name _____ First _____ MI

Address _____ City _____

State _____ Zip _____ Age _____

D.O.B. _____ Tel.# _____

Male / Female

GUARDIAN/PARENT (IF INJURED PERSON IS A MINOR)

Last Name _____ First _____ MI _____

Address _____ Tel. _____

City _____ State _____ Zip _____

_ INSURANCE INFORMATION: (IF INJURED HAS INSURANCE, PLEASE PROVIDE NAME BELOW)

Insurance Company Name:

WITNESSES:

NAME: _____ TEL.# _____

NAME: _____ TEL.# _____

Signature of Coach or Manager: _____

Date: _____