



INJURY REPORT FORM

This form must be completed for all injuries sustained during a BSA related activity that requires an evaluation by a Physician or Health Practitioner (e.g. 911 is called, player taken to hospital/clinic, concussion suspected, etc). A Team Official (Coach, Assistant Coach, Manager, Trainer, Gender Representative, etc) who witnessed the incident must complete this form and submit it to BSA within 24 hours. The form should be emailed to registrar@bonnyvillesoccer.org

Please check this box and complete the relevant section of this form if the player sustained a concussive injury outside of a BSA-related activity (ie. at home, at school, during another activity, etc.) and email to registrar@bonnyvillesoccer.org; concussion protocol will need to be followed before the player can return to play.

Date of Injury: _____ Time: _____

Player's Full Name: _____ Player's Age: _____

Player's Team Name: _____ Stream: _____

Location of Injury (Field Name, City, etc.): _____

Injuries Sustained (ie. head injury – list symptoms; fracture, sprain; etc):

Describe Incident (ie. Head on collision, fell awkwardly on right ankle, etc):

Emergency Medical Services called? Yes _____ No _____

Hospital/Medical Clinic (where player is being or was transported): _____

Mode of Transportation to Hospital/Medical Clinic: _____

Parent(s)/Guardian(s)/Caregiver(s) of Player: _____

Advised: Yes _____ No _____

Name of Team Official completing this form: _____

Team Official's position: _____ Team Official's Ph #: _____

Team Official's Signature: _____

(1) Witness Name: _____ Witness Ph #: _____

(2) Witness Name: _____ Witness Ph #: _____
