



**MOUNT PEARL SOCCER ASSOCIATION**  
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## Incident & Injury Report

**To be completed by Coach at the Time of the Incident**

Date:		Time:		Location:	
Type of Incident:	( ) Injury	( ) Vandalism	( ) Theft	( ) Altercation	( ) Other
Name:			Date of Birth:		League:
Address:			City:		Postal:
			Phone:		
Emergency Contact:			Phone:		Contacted: Yes or No
Witness(es)/Other parties Involved:		Name:			Phone:
		Name:			Phone:

Describe the Incident	

Was First Aid Offered: ( ) Yes ( ) No	
Was First Aid Administered: ( ) Yes ( ) No	If yes, by whom:
Describe Treatment:	
Was 911 Called: ( ) Yes ( ) No	
If medical treatment was declined, please have injured party sign here: If emergency services responds - Badge Number/Track Number:	
Injured Party Released to: ( ) Self ( ) Parent ( ) EMS ( ) Other	
If released to EMS, which hospital was the injured party being taken to:	

Report Completed by:	Date:	Time:
Other Parties Involved:		

**To be Completed by Senior Staff/Executive:**

Review Date:
Follow Up Required? ( ) Yes ( ) No
Follow Up done by:
Follow Up Details:

Executive Director Signature: (if applicable)
This form is to be completed by the coach at the time of the incident and must be submitted to the Soccer Office (Executive Director) within 24 hours. All injuries and accidents are to be taken seriously, and should be attended to by a medical professional immediately. If additional comments are required, please attach them to this form.