

# Duxbury Youth Soccer Accident/ Injury Report



For use in instances of a significant injury (player unable to continue practice/game, including concussions, fractures, significant lacerations) at a practice or game. **Coach** - Please complete and email it to your AGC and VP. Please also report it verbally to your Age Group Coordinator immediately following your game/practice.

Date of Accident \_\_\_\_\_ Team \_\_\_\_\_

Place Where Accident Occurred \_\_\_\_\_

Name of Injured Player \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Explain Circumstances \_\_\_\_\_  
\_\_\_\_\_

Nature of Injury \_\_\_\_\_

When was player injured?  During Game  During Practice  On Sideline

Was a parent/guardian Present when injury occurred?  Yes  No

Were Parents/guardians notified on injury?  Yes  No

Was first aid administered?  Yes  No

If so what? \_\_\_\_\_  
\_\_\_\_\_

Did an ambulance have to be called?  Yes  No

What Hospital/Doctor was the injured player taken to? \_\_\_\_\_

Any other information? \_\_\_\_\_  
\_\_\_\_\_

Name of Coach \_\_\_\_\_ Phone No \_\_\_\_\_