# Injury Report

## Boyertown Soccer Club

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|---|---|
| **Date of Incident:** | **Date of Report:** |
| **Time of Incident:** | **Team:** |
| **Person Completing Report:** | **Head Coach Name:** |
| **Player Name:** | **Parent/Guardian Name:** |
| **Affected Party:** | ☐ Player<br>☐ Coach<br>☐ Official<br>☐ Spectator<br>☐ Volunteer<br>☐ Other |

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| **BODY PART INJURED** | | **ANKLE/KNEE INJURY:** | **PRIMARY INJURY** | |
|---|---|---|---|---|
| ☐ Ankle (L/R) | ☐ Finger (L/R) | ☐ Ankle Taped/Supported | ☐ Abrasion | ☐ Laceration |
| ☐ Nose | ☐ Foot (L/R) | ☐ Ankle Unsupported | ☐ Burn | ☐ Nausea |
| ☐ Arm (L/R) | ☐ Hand | ☐ Knee Taped/Supported | ☐ Cardiac | ☐ Seizures |
| ☐ Shoulder (L/R) | ☐ Head | ☐ Knee Unsupported | ☐ Concussion | ☐ Sting/Bite |
| ☐ Back | ☐ Internal | ☐ Other | ☐ Dislocation | ☐ Strain/Sprain |
| ☐ Toe | ☐ Knee (L/R) | | ☐ Fracture | ☐ Other |
| ☐ Ear (L/R) | ☐ Leg | | ☐ Heat Exhaustion | |
| ☐ Tooth | ☐ Neck | | | |
| ☐ Eye (L/R) | ☐ Other | | | |
| ☐ Wrist (L/R) | | | | |

| **LOCATION** | **INCIDENT** | **DISPOSITION** | |
|---|---|---|---|
| ☐ Before Match/Event | ☐ Collision (Participant/Participant) | No care given: | ☐ Not needed |
| ☐ During Match/Event | ☐ Collision (Participant/Spectator) | | ☐ Patient Refused |
| ☐ After Match/Event | ☐ Collision (Spectator/Spectator) | | |
| ☐ Bleachers/Stands | ☐ Collision (with object) | Released: | ☐ To Parent/Guardian |
| ☐ Concession Area | ☐ Caught in, on, between goal | | ☐ EMT |
| ☐ Off Property | ☐ Struck by falling/flying object | | |
| ☐ Parking Lot | ☐ Animal/insect bite/sting | EMS Transport: | ☐ To Hospital/Clinic |
| ☐ Restrooms | ☐ Slip/Fall | | ☐ Patient/Parent Requested |
| | ☐ Assault/Non-Sexual | | |
| | ☐ Assault/Sexual | | |
| | ☐ Other | | |

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| **FIELD SURFACE** | **Classification** |
|---|---|
| ☐ Astro Turf | ☐ Non-Injury (Threat, Assault) |
| ☐ Dirt | ☐ Minor Injury or Illness |
| ☐ Field Turf | ☐ Serious Injury or Illness |
| ☐ Grass | |
| ☐ Indoor | |

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**Coach Comments: Describe how the injury occurred:**

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_____

**Players/Parents Comments:** _____

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**Coach Signature:**_____ **Parent/Guardian Signature:** _____

**Player Signature:** _____ **Date:** _____

**BSC Authorized Signature:** _____ **Date:** _____

# Injury Report

## Boyertown Soccer Club

**ADMINISTRATIVE ACTION:** _____

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**BSC Authorized Signature:** _____ **Date:** _____

Authored By Jeffrey C. Hendricks
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