



CLUB INCIDENT AND INJURY REPORT

Date:	Time:	Location:
Type of Incident:	<input type="checkbox"/> Injury <input type="checkbox"/> Altercation (Physical or Verbal) <input type="checkbox"/> Theft <input type="checkbox"/> Vandalism <input type="checkbox"/> Other	

Name:	Date of Birth:	League:
Address:	City:	Postal:
	Phone:	Email:

Emergency Contact Name:	Phone:	Contacted: <input type="checkbox"/> yes <input type="checkbox"/> no
Witness(es)/Other Parties Involved - Name(s):		Phone:

Describe the incident in detail:

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/Truck Number:		
Injured party released to: <input type="checkbox"/> self <input type="checkbox"/> parent <input type="checkbox"/> EMS <input type="checkbox"/> Other		
If released to EMS, which hospital was the injured party being taken to:		
Report Completed by:	Date:	Time:
Follow up process done by:	Date:	Time:
Follow Up Details:		

This form is to be completed by an Slavia FC Staff member/representative at the time of incident and must be submitted to info@slaviafc.com 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.