



ASANTE ELITE INCIDENT & INJURY REPORT

*To be completed by team staff at time of incident

Date:	Time:	Location of Incident/Injury:
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:	
Emergency Contact:	Phone:	Contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No
Witness(es) / Other parties Involved – Name:		Phone:
Name:		Phone:

Describe the incident in detail:

Was First Aid offered: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was First Aid Administered: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by whom:
Describe treatment:	
Was 911 Called: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If medical treatment was declined, please have injured party/parent/guardian 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:
Other Parties Involved:		

To be completed by OSC Senior Staff -	
Review Date:	
Follow up required?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Follow up done by:	Date:
Follow up details:	
Executive Director Signature (If applicable):	

This form is to be completed by the coach at the time of incident and must be submitted to The TEAM MANAGER within 24 hours of the incident. 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. Forms can be sent via email to [your manager or dropped off at the HEAD OFFICE](#).