# La Pine Soccer Academy Injury Reporting Form

Name:_____Address: _____

Injury Location: _____Coach: _____Team: _____

Today's date:_____/_____/_____Time : am/pm Gender: ❑ Male ❑ Female Date of Birth: __ /____/

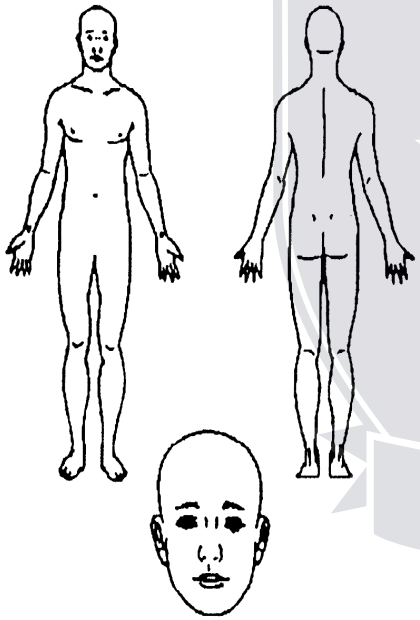
_____Injured person (*please circle*): Player / Referee / Coach / Spectator

**TYPE OF ACTIVITY AT TIME OF INJURY**
- ❑ training
- ❑ warm-up
- ❑ competition
- ❑ cool-down
- ❑ other _____

**REASON FOR PRESENTATION**
- ❑ new injury
- ❑ aggravated injury
- ❑ recurrent injury
- ❑ illness
- ❑ other

**BODY PARTS INJURED**

*circle and name*



**NATURE OF INJURY/ILLNESS**
- ❑ bruise/contusion
- ❑ cardiac problem
- ❑ cold/flu
- ❑ concussion
- ❑ dislocation/subluxation
- ❑ fracture (including suspected
- ❑ inflammation/swelling
- ❑ loss of consciousness
- ❑ overuse injury
- ❑ respiratory problem
- ❑ skin injury e.g. graze/cut/blisters
- ❑ sprain e.g. ligament tear
- ❑ strain e.g. muscle tear
- ❑ unspecified medical condition
- ❑ other _____

**CAUSE OF INJURY**
- ❑ collision with fixed object
- ❑ collision with another player
- ❑ fall from height/awkward landing
- ❑ injured ankle
- ❑ overexertion
- ❑ overuse
- ❑ slip/trip/fall/stumble
- ❑ struck by ball/object
- ❑ struck by another player
- ❑ temperature related
- ❑ other _____

**Explain how the incident occurred**

_____

_____

_____

_____

_____

_____

_____

**Were there any contributing factors to the incident?** *e.g. unsuitable footwear, playing surface, equipment, foul play*

_____

_____

_____

**Was protective equipment worn on the injured body part?**

❑ Yes ❑ No

If yes, what? e.g. mouth guard, brace?

_____

_____

**ACTION TAKEN**
- ❑ none given (not required)
- ❑ CPR
- ❑ dressing
- ❑ immobilization
- ❑ RICER (Rest, Ice, Compression, Elevation, Referral)
- ❑ sling/splint
- ❑ strapping/taping
- ❑ stretch/exercises
- ❑ transport from field/court
- ❑ Seeking medical attention from doctor
- ❑ other

**ADVICE GIVEN**
- ❑ immediate return to activity
- ❑ return to play with restriction

_____

_____
- ❑ unable to return at present
- ❑ referred for further assessment before returning to activity

**NOTICE**

The injured person told that if injury/ illness does NOT improve in the following 24 hours they MUST seek further advice from their own medical professional.

❑ Yes ❑ No

**REFERRAL**
- ❑ no referral
- ❑ medical practitioner
- ❑ physiotherapist
- ❑ ambulance
- ❑ hospital
- ❑ other _____

**PROVISIONAL SEVERITY ASSESSMENT**
- ❑ mild (1 - 7 days modified activity)
- ❑ moderate (8-21 days modified activity)
- ❑ severe (>21 days modified or lost)

**TREATING PERSON**
- ❑ Sports Trainer/Sports First Aider ( ID_____)
- ❑ medical practitioner
- ❑ physiotherapist
- ❑ other _____

Signature of parent or guardian

_____

Signature of treating person

_____

Date:_____/_____/_____