



# Scugog Soccer Association Accident Report Form

Name of injured person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal: \_\_\_\_\_

Phone: \_\_\_\_\_

Site where accident took place: \_\_\_\_\_

Date and Time of accident: \_\_\_\_\_

Name & position of person in charge of session: \_\_\_\_\_

Nature of the accident: \_\_\_\_\_

Give details of how and precisely where the accident took place. Describe what activity was taking place (eg. training, game, water break). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give details of the action taken including any first aid treatment and the names of the first-aiders. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Indicate which of the following was contacted:

Police

Ambulance

Parent/Guardian

What happened to the injured person following the accident? (eg. went home, went to hospital, carried on with session) \_\_\_\_\_

\_\_\_\_\_  
.....

All of the above facts are a true and accurate record of the accident.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date