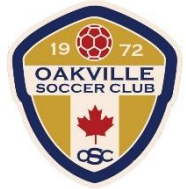


OAKVILLE SOCCER CLUB

CLUB INCIDENT & 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:			
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 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 Senior Staff -	
Review Date:	
FOLLOW-UP PROCESS *REQUIRED*:	
Follow up done by:	Date:
Follow up details:	
Incident reported to media relations? (if applicable): <input type="checkbox"/> Y <input type="checkbox"/> N	
Executive Director Signature (If applicable):	

This form is to be completed by an OSC Staff member/representative at the time of incident and must be submitted to info@oakvillesoccer.ca 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. Forms can be sent via email to info@oakvillesoccer.ca or dropped off in person at the Pine Glen Soccer Centre, 1520 Pine Glen Road, Oakville, ON, L6M 4P4. Please confirm facility hours before delivering in person.