OAKVILLE JAGUARS SOCCER ACADEMY
Incident and Injury Report Form

1. Player Information

- **Full Name:** _____
- **Date of Birth (DD/MM/YYYY):** _____
- **Age Group / Team:** _____

2. Incident Details

- **Date of Incident:** _____
- **Time of Incident:** _____
- **Location (Field / Facility):** _____
- **Session Type:** ☐ Training ☐ Game ☐ Tournament ☐ Other: _____

3. Description of Incident

Provide a clear and factual description of what occurred:

_____

_____

_____

_____

_____

4. Injury Information

- **Type of Injury:** _____
- **Body Part Affected:** _____

Severity:

- ☐ Minor (returned to play)
- ☐ Moderate (removed from activity)
- ☐ Severe (required medical attention)
- **Was First Aid Provided?** ☐ Yes ☐ No

If yes, describe:

_____

_____

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5. Action Taken

(Check all that apply)

- ☐ Player removed from activity
- ☐ Parent/Guardian notified
- ☐ Emergency services (911) called
- ☐ Player transported to hospital/clinic
- ☐ Referred for medical evaluation

Details:

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6. Witness Information

- **Witness Name(s): _____**
- **Contact Information: _____**

7. Staff Reporting

- **Coach / Staff Name: _____**
- **Role: _____**
- **Signature: _____**
- **Date: _____**

8. Parent/Guardian Acknowledgment

- **Parent/Guardian Name: _____**
- **Signature: _____**

- **Date:** _____

9. Follow-Up Actions

- **Medical Clearance Required:** ☐ Yes ☐ No
- **Date of Return to Play:** _____

Additional Notes / Follow-Up:

_____

_____

_____

_____

10. Internal Use Only

- **Incident Reviewed By:** _____
- **Date Reviewed:** _____
- **Further Action Required:** _____

_____

Notes

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