

DANVERS YOUTH SOCCER INJURY REPORT FORM

1. Team Name: 2. Age Group: 3. Date of Injury:

4. Athlete's Name: 5. Grade: Time of Injury:

8. Location of Accident: Field Game Practice Other

9. Body Part Injured: **HEAD** **TRUNK** **EXTREMITIES** **OTHER**

- | | | | |
|--------------------------------|-----------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> Ear | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Ankle | <input type="checkbox"/> Lower Arm |
| <input type="checkbox"/> Eye | <input type="checkbox"/> Back | <input type="checkbox"/> Elbow | <input type="checkbox"/> Lower Leg |
| <input type="checkbox"/> Face | <input type="checkbox"/> Chest | <input type="checkbox"/> Finger | <input type="checkbox"/> Thumb |
| <input type="checkbox"/> Head | <input type="checkbox"/> Groin | <input type="checkbox"/> Foot | <input type="checkbox"/> Toes |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Hand | <input type="checkbox"/> Upper Arm |
| <input type="checkbox"/> Scalp | | <input type="checkbox"/> Hip | <input type="checkbox"/> Upper Leg |
| | | <input type="checkbox"/> Knee | <input type="checkbox"/> Wrist |

10. Type of Injury: Abrasion Bite Bruise **OTHER**
 Burn Concussion Cut
 Dislocation Fracture Heat
 Laceration Puncture Scratch
 Shock Sprain Strain

11. First Aid Given: Applied Dressing Applied Splint Ice **OTHER**
 Kept Immobile Stopped Bleeding Observed
 Washed Wound

12. Action Taken: Parent took home Transfer to hospital Parent took to doctor **OTHER**
 Returned to sport Parent took to ER Called 911

ATHLETIC INJURY REPORT FORM

13. Explanation of Accident:

Collision with person

Collision with obstacle

Fall

Hit with object

Injury to self

Other

14. Describe specifically how the injury happened:

15. Witness 1:

Witness 2:

Address:

Phone #:

16. Form Submitted by:

Signature/Date:

Address:

Phone #: