



# ETOBICOKE FOOTBALL CLUB

## INJURY REPORT FORM

This form must be completed for all injuries requiring an evaluation by a Physician or Health Practitioner (e.g. 911 is called, player taken to hospital/clinic, concussion suspected). A Staff Member and/or a Team Official (Trainer, Coach, Assistant Coach, Manager) who witnessed the incident must complete this form and submit it to Tony Miele within 24 hours to [admin@etobicokefc.com](mailto:admin@etobicokefc.com). If an insurance claim needs to be made through OSA, parents/guardians can refer to Ontario Soccer resources.

First Name:		Last Name:	
Date of Injury:		Time of Injury:	
Location of Injury:			

List Injuries (E.g. Head injury – list symptoms; fracture; sprain; etc.)

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Describe Incident / Mechanism of injury (E.g. Head-to-head collision, fell awkwardly on right ankle, etc.)

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Emergency Medical Services called?      Yes      No

Hospital / Clinic (where player is being transported): \_\_\_\_\_

Mode of Transportation to Hospital / Clinic: \_\_\_\_\_

Parents / Guardians of Player: \_\_\_\_\_

Have the Parents been advised?      Yes      No