North Scarborough Soccer Club - Accident/Incident Form

To be completed by the First Aider, Coach or Manager within 24 hours of the incident.

1. Site where accident took place (i.e. park/field):

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_____

2. Date and time of accident/ incident:

_____

3. Name of person in charge of session/ competition:

_____

4. Name of injured person:

_____

5. Address of injured person:

_____

6. Team Name, League and Level:

_____

7. Nature of accident/ incident:

_____

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8. Give details of how and precisely where the accident took place. Describe what activity was taking place, e.g. training program, during a game, etc. If during a game, give details if a call was made (e.g., red card, penalty kick, etc.).

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9. Give details of the action taken including any first aid treatment and the name (s) of the first-aider(s).

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10. Were any of the following parties contacted? Police, Ambulance, Parent/Guardian. If Yes, provide details:

_____

_____

_____

11. What happened to the injured person following the accident? (E.g. went home, went to hospital, carried on with session)

_____

_____

_____

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

Signed: _____

Name (Print): _____Date: _____