



# Injury Report Form

Kingston United Soccer Club

This form is to be used by Coach or parent to record details when an injury occurs. Keep a copy on file for future reference to support insurance claims filed.

Name of Coach or person in charge of session

Site where injury took place

Date of injury

Name of injured person

Address of injured person

Type of injury and extent of injury

Were any of the following contacted?

✓ Parent/Guardian                      Yes                       No

✓ Police                                      Yes                       No

✓ Ambulance                              Yes                       No

What happened to the injured person after the injury? (e.g. continued session, went to hospital, etc).

Describe how the injury occurred.

This form was completed by:

Parent /Guardian       Coach       Other (please specify): \_\_\_\_\_

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Contact phone number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*If you are planning to submit an insurance claim, please review the OSA Insurance documents re: important deadlines to file and instructions on how to apply.  
This report form was compiled to help you with gathering pertinent information for filing your claim.*