



## INCIDENT REPORT

To be completed in the event of a serious injury or event. This should be completed AFTER the EAP has been implemented and the player is safely taken care of. The Incident Report is to be submitted to [here](#) within 24 hours of the incident so the facts and details are clear.

**NAME OF PERSON SUBMITTING REPORT:**

**TEAM ROLE:**

**TEAM (AGE LEVEL/LEAGUE):**

**LOCATION OF INCIDENT:**

**DATE AND TIME OF INCIDENT:**

**NAME(S) OF PLAYER/PARENT/COACH/OFFICIAL INVOLVED:**

**DESCRIPTION OF THE INCIDENT**

**DESCRIPTION OF THE INJURIES (BEST OF YOUR KNOWLEDGE)**

**WAS THERE A HEAD INJURY OR POSSIBLE CONCUSSION (BEST OF YOUR KNOWLEDGE)**

**WHAT STEPS WERE TAKEN BY THE CLUB OFFICIALS/STAFF**

**IF AN INJURY - WAS AN AMBULANCE CALLED**

YES

NO

**SIGNATURE:**

**DATE OF REPORT SUBMISSION:**

