



## INJURY REPORT

This form is to be used whenever medical attention is sought at the field or after the game. Examples include an ambulance attending, a player leaving the game and/or getting medical attention after the game.

Use this form for ALL injuries. You must also follow the concussion policy in the event of a head injury.

**NOTE:** If you are going to make a claim under the OSA Insurance policy, please visit the OSA website and complete their form. This must be done within 48 hours of the event as per the existing OSA Policy.

Player Name: \_\_\_\_\_ Team: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Location (e.g. Field): \_\_\_\_\_

What Medical Attention was required or sought?

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Was this a game or practice (Circle One)?      Game      Practice

Nature of Injury (Please note a description of the injuries, not an exact diagnosis unless a medical professional has given one):

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Was this a Head injury (Circle One)?      No      Yes (If yes, our Concussion policy applies)

Is this a reoccurrence of a previous injury (Circle One)?      No      Yes

Report Completed By: \_\_\_\_\_ Date : \_\_\_\_\_  
Print Name

Submit completed form to Jeff Armstrong, Vice President. Either hand-delivered or Email to: [Jeff.Armstrong@southsimcoeunited.ca](mailto:Jeff.Armstrong@southsimcoeunited.ca)

All information will be kept confidential.