

Soccer Injury Report Form

Incident details, injury area, first aid, guardian contact, and return notes



INJURY REPORT

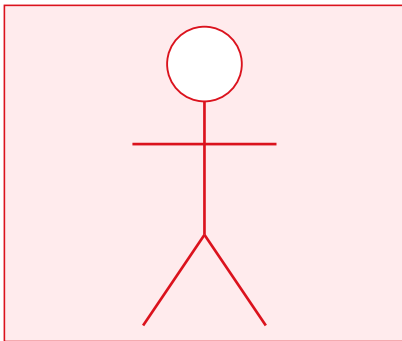
Player & Incident Details

complete immediately

Player name	Team / age	Date	Time
_____	_____	_____	_____
Location / field	Activity when injured		
_____	_____		

Injury Assessment

area, symptoms, severity



- Head
- Shoulder
- Arm
- Knee
- Ankle
- Other

- Pain
- Swelling
- Bleeding
- Dizziness
- Unable to continue
- Referred

Severity

- Minor
- Moderate
- Serious

Description of injury

Action Taken & Follow-up

first aid and contact log

- Rest / removed from play
- Ice applied
- Compression
- Parent contacted
- Medical evaluation
- Emergency services

First aid provided by

Guardian / emergency contact

Phone

Return-to-play status

Follow-up notes

Signatures

record confirmation

Coach signature

Guardian signature

Report date
