

UNITED FC MICHIGAN INCIDENT REPORT FORM

Affected Party <input type="radio"/> Player <input type="radio"/> Coach <input type="radio"/> Official <input type="radio"/> Other								
Last Name				First Name			Date of Birth	
Address					City		State	Zip
GUARDIAN/PARENT (if affected party is minor)								
Last Name				First Name			Phone #	
Address					City		State	Zip
INCIDENT INFO	Date of Incident		Time of Incident		AM/PM	Age Group	Boys	Girls
Name of Location of Incident								
Team				Coach Name				
For Injuries: Body Part Injured			Type of Injury			Field Surface	Location	
O Ankle	O Shoulder	O Tooth	O Abrasion	O Dislocation	O Pain	O Dirt	O Before Competition/Event	
O Knee	O Wrist L/R	O Back	O Burn	O Fracture	O Seizures	O Grass	O During Competition/Event	
O Leg	O Finger	O Neck	O Cardiac	O Heat Exhaustion	O Sting/Bite	O Turf	O After Competition/Event	
O Toe	O Eye L/R	O Internal	O Concussion	O Laceration	O Strain	O Indoor		
O Foot	O Ear L/R	O Other	O Contusion	O Nausea	O Sprain			
O Arm	O Nose							
O Hand	O Head							
Cause			Outcome					
O Collision (another person)			<i>No care given:</i>		<i>Referral</i>	All Apparent Concussion Injuries MUST have a Doctor's Clearance to return to any soccer activities. (including practice or games)		
O Struck by falling/flying object			O Not Needed		O To Doctor			
O Struck by or fell into goal			O Patient Refused		O To Hospital/Clinic			
O Animal/insect bite/string			<i>Released</i>		<i>EMS transport:</i>			
O Slip/Fall			O To Parent		O Recommended			
			O To Personal Vehicle		O Patient/Parent Requested			
Describe how the incident injury occurred (<i>use the backside or separate sheet if needed</i>)								
WITNESS INFORMATION - Confidential								
Name			Address			Phone		
						Location		
Person Completing /Submitting Form								
Name					Signature			
					Date			