



AZZURRI FUTBOL CLUB

ACCIDENT/INJURY REPORT FORM

This Accident/Injury Report Form is to be provided to every coach of every team at the beginning of each season. In the event of any injury to any player, coach, referee, during a practice or game, this form shall be completed by the coach on the day of the injury or as soon as possible thereafter. The coach shall provide the completed form to the program director who shall review and sign the form. Then immediately provide the original to the insurance representative and a copy to the board president or vice president. The completion and submission of this form should be accomplished no later than within 48 hours of the accident/injury.

1. Name of Organization: _____
2. Name of Team: _____
3. Team Age Group: _____
4. Name of Coach(es): _____
5. Date of Injury: _____
6. Time of Injury: _____
7. Name of Injured Person: _____
8. Position/Role of Injured Person (i.e. player, coach, referee, etc.): _____

9. Date of Birth: _____
10. Age: _____
11. Sex: _____
12. Address: _____
13. City: _____
14. State: _____

15. Home Phone: _____

16. Parents' Name: _____

17. Describe Injury: _____

18. Describe How Injury Occurred: _____

19. Was First Aid Required: _____

20. What First Aid was administered: _____

21. Were the police summoned? _____

22. Was the First Aid or EMT summoned: _____

23. Were the injured person's parents notified, and if so, how and when? _____

Name of Coach Who Prepared this Form: _____

Signature of Coach: _____ Date: _____

Name of Program Director Who Reviewed This Form: _____

Signature of Program Director: _____ Date: _____