



INJURY REPORT FORM

INSTRUCTIONS:

IF AN INJURY OCCURS AT ANY TIME ON THE FIELD, THE CAPTAIN OF THE INJURED PLAYER MUST COMPLETE THIS FORM AND **SUBMIT A SIGNED COPY (HARDCOPY OR EMAIL) TO THE PLAYER LIASON WITHIN 48 HRS OF THE INCIDENT.**

THE INTENT OF THIS FORM IS TO PROVIDE GUPA WITH NECESSARY INFORMATION TO IDENTIFY ROOT CAUSES FOR PLAYER INJURIES AND HELP GUPA DEVELOP MITIGATIVE MEASURES TO PREVENT FURTHER INJURIES.

Date of Injury (YYYY-MM-DD):
Field No.:
Location:
Captain's Name:
Team Name:

Incident Type (circle all that apply): Cut Sprain Dislocation/Fracture Other:
 Location of Injury (circle all that apply): Head Torso Arm Hand
 Leg Knee Ankle Foot

Description of Incident: _____

Contributing Factor (circle all that apply): Weather Previous Injury/Illness
 Field Conditions Property/Equipment Damage
 Other: _____

Administration of First Aid required? No Yes, specify: First Aid kit
 Medical Aid Required*

* If EMS or professional medical aid was required, the GUPA President MUST be contacted by phone/text/email asap (519-362-1603)

Signature: _____ Witness (signature): _____
 Date: _____ Witness (print name): _____

Player Liason (signature): _____
 Player Liason (print name): _____
 Date: _____