

**ROXBURY SOCCER CLUB  
ACCIDENT/INJURY REPORT FORM**

*Report all incidents that require assistance. Return completed form to the Roxbury Soccer Club within **24** hours of incident*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Location of incident: \_\_\_\_\_

How did incident occur? \_\_\_\_\_

\_\_\_\_\_

Describe the nature of the injury & body parts affected: \_\_\_\_\_

\_\_\_\_\_

What care was provided? \_\_\_\_\_

Attended by: \_\_\_\_\_

Was anyone including the attendant exposed to bodily fluids?      Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Was family notified? Yes \_\_\_ No \_\_\_      Who was notified? \_\_\_\_\_

Physician called? Yes \_\_\_ No \_\_\_      Name & phone #: \_\_\_\_\_

Emergency called? Yes \_\_\_ No \_\_\_      Ambulance \_\_\_ Police \_\_\_ Fire \_\_\_ Other \_\_\_

Taken to where? Name of Hospital or Emergency Care Facility

\_\_\_\_\_

**WITNESSES:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

FOR OFFICIAL USE ONLY: INSURANCE COMPANY NOTIFIED? DATE: \_\_\_\_\_ BY: \_\_\_\_\_