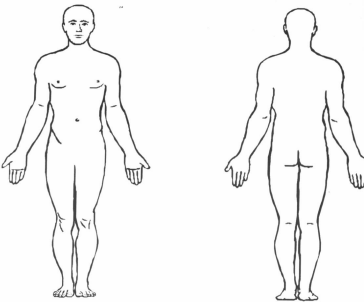


# SAUGEEN SHORES UNITED F.C

## PLAYER INJURY REPORT

*Please submit completed form within 72 hours of the injury to the clubs email at info@ssunitedfc.com ATT: Players Injury Report - Name & Team.*

<b>DATE &amp; TIME</b>	
<b>PLAYER NAME</b>	
<b>DOB/AGE</b>	
<b>PRIMARY T#</b>	
<b>FIELD LOCATION</b>	
<b>COACH/TEAM</b>	
<b>INJURY CLASSIFICATION:</b> New Injury/Illness: Recurrent Injury This Year: Injury From Previous Years: Recurrent Non Injury: Other:	
<b>AREA OF INJURY:</b> please circle body parts that apply	
<b>SYMPTOMS:</b> Loss of Feeling Shortness of Breath Dizziness Loss of Consciousness Other	
<b>CAUSE OF INJURY:</b> Explain how the accident occurred	
<b>INITIAL TREATMENT/HEALTH CARE</b> 1. Did the player receive First Aid Treatment? 2. Was player treated for this injury/illness? Ambulance, ER Department, Admitted Hospital, Clinic Name/Address/T#:	

**Use back of form for more details if required**

**Concussions**  
**“When in doubt sit them out”**  
*follow Clubs Protocol & Procedures*