



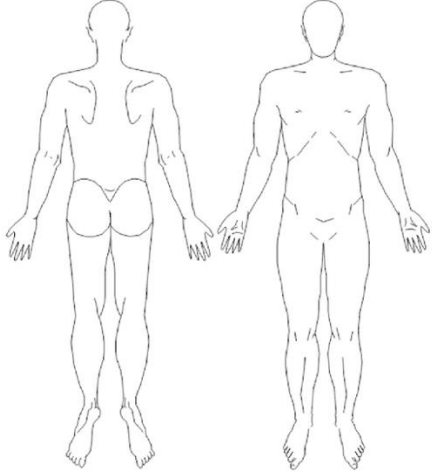
**Unionville Milliken Soccer Club
Injury Incident Report**

Date of incident: _____ Name of player/Team: _____

Type of event: Practice Game Tournament Location of event: _____

Summary of incident: _____

Location of injury:

	<p>Were emergency medical services (911) called? <u>Yes</u> <u>No</u></p> <p>Did the player leave in an ambulance? <u>Yes</u> <u>No</u></p> <p>Was the player's parents present? <u>Yes</u> <u>No</u></p> <p>Did the player leave with their parent(s)? <u>Yes</u> <u>No</u></p> <p>Did you recommend follow-up with a medical professional? <u>Yes</u> <u>No</u></p>
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Do you have any other notes/comments about the incident: _____

Thank you for filling out this incident report. Please sign below to confirm that the information provided is as accurate as possible and there are no misrepresentations.

If the player is not part of OPDL, please provide parent names and contact information.

Name (printed): _____ Signature: _____

Date: _____