

## Accident / Incident Report Guidelines

St. Albert Soccer Association recommends that the following procedure is used when dealing with an Accident or Incident involving a player or coach.

1. Stay calm but act swiftly and observe the situation.
  - a. Is there danger of further injury?
2. Listen to what the injured person is saying.
3. Alert the parent/guardian on site of your concern (concussion, severe sprain or injury, etc).
4. In the event of serious injury, call emergency services.
5. Do not move someone with serious/major injuries. Wait for emergency services to arrive.
6. Deal with the rest of the group and ensure that they are adequately supervised and are safe.
7. Contact the injured person's parent/guardian if not on site.
  - a. Advise to fill out the [ASA Insurance Claim](#) policy # 25345A
    - i. All players and coaches are covered through registration fees.
8. Complete as Accident / Incident Report (below).
9. Submit your completed form to the SASA office
  - a. E-mail: [dianeb@stalbertsoccer.com](mailto:dianeb@stalbertsoccer.com)
  - b. Fax: 780 458-8994



## St. Albert Soccer Association Accident / Incident Report Form

Please complete all areas and submit to SASA office.

[dianeb@stalbertsoccer.com](mailto:dianeb@stalbertsoccer.com) or Fax to 780 458-8994

This accident/incident occurred during \_\_\_\_ Game \_\_\_\_ Practice/Training \_\_\_\_ Event

Site name and address (if possible) where accident/incident took place:

Date and Time of accident / incident:

Name of person in charge of session / game / event:

Name of injured person:

Address of injured person:

Nature of accident / incident:

Give details of how and precisely where the accident took place:

Give details of the action taken including any first aid treatment:

Please state which of the following were contacted: (Police, Ambulance, Parent/Guardian)

What happened to the injured person following the accident?

I hereby agree that all the above information is a true and accurate record of the accident / incident.

\_\_\_\_\_

Name of Submitter (PRINT)

\_\_\_\_\_

Date

\_\_\_\_\_

Signature