



SEATTLE UNITED INJURY REPORT

Player Name: _____

Team Name: _____

Date and Time of Injury: _____

Location: _____

Training or Competition: _____

Name of Parent: _____

Phone: _____

E-Mail: _____

Type of Surface:

Grass

Indoor

Turf

Other: _____

Body Part Injured:

Head

Wrist

Hamstring

Ankle

Nose

Neck

Back

Thigh

Foot

Mouth

Shoulder

Hip (front)

Knee

Face

Elbow

Hip (back)

Leg

Other: _____

Nature of Injury:

Concussion

Contusion/Bruise

Laceration/Cut

Fracture

Dislocation

Sprain/Strain

Musculoskeletal unknown

Respiratory

Cardiac

Seizures

Cold Related

Heat Related

Other: _____

Description of Injury/Mechanism of Injury:

How Did It Happen:

Collision with a player

No obvious acute injury/occurred progressively

Collision with an object

Other: _____

Struck by the ball unintentionally

No apparent contact

Immediate Treatment:

- 911 called
- Non-emergent transport to ER/urgent care
- Removed from play without immediate medical follow up

Additional Comments:

Person Completing Form: _____

Phone: _____

E-Mail: _____

Reporting Procedure to SU Club:

Coaches will notify SU club of any serious SU player injury or suspected concussion causing the player to miss practice or game time. An injury report will be completed by the coach or team manager and returned to the club within 48 hours.

Please send completed forms by e-mail to: kristin@seattleunited.com