



OSA Accident Or Injury Form



Today's Date: _____ Team: _____

Date of Injury: _____ Time: _____

Location & Field Of Injury: _____

Player Name: _____ Player's Age: _____

Address: _____

Name Of Parent: _____ Phone: _____

Description Of Accident: _____

Head Injury? ____ Was Rescue Called? ____ Was Parent Notified? ____

Coaches Signature: _____ Date: _____

This form MUST be filled out if an injury occurs on the field with a player at practice or at a game. This form must be submitted to Safety Director within 24 hours of accident or injury.

OSA Official Use Only

Date Received: _____ Player Primary Insurance (Y or N) _____

Board Contact Parent/Guardian Date & Time: _____

Sent To OSA Insurance Date & Time: _____

