ILLINOIS YOUTH SOCCER ASSOCIATION (IYSA) MEDICAL ACTION REPORT

GENDER: Girls Boys TEAM AG	GEU CLUB & T	EAM NAME		
Event		Event Date	e(s)	
ACTIVITY: Game Practice	Tournament 🗌 Team F	unction	dents Cup/Illinois Cu	ıр □ ОDР
Date of Incident Time _	AM/PM Location	<u> </u>	Field	l #
Injured Person's Name		Bi	irthdate	
Street Address				
City, State, Zip				
Parent/Legal Guardian's Name				
Cell Phone ()				
Witness	Title_		_ Phone ()	
FOR A HEAD INJURY, ALSO	COMPLETE & SUBI	MIT THE IYSA CONCUS	SION NOTIFICATI	ON FORM.
BODY PART: \square HEAD \square ARM \square I	LEG SHOULDER [EXPLAIN		
DESCRIPTION				
ACCECCMENT				
ASSESSMENT				
IMMEDIATE ACTION				
IMMEDIATE ACTION				
STATUS OF PLAYER Returned to Play Release to Parer Transported via EMS to				
DID PLAYER RETURN TO ACTIVITY	? □ YES □ NO	IF YES INDICATE TI	MF.	AM/PM
IF YES, INDICATE CAPACITY: FU				
	CEE EMMTED	TIS TOLERATIES		
Was a parent/legal guardian contacted? [Print Contact's Name			Player	
Print Contact's Name Contact Type: In Person Conversation CONVERSATION NOTES		g TIME CONT	ГАСТЕD	AM/PM
WAS PLAYER REFERRED FOR TREA	TMENT? YES	NO IF YES, WHERE		
COMPLETE BELOW IF DECLINING M				
Only the Parent/Legal Guardian of an Name of person declining treatment/ambu				
Signature of person declining treatment/an	mbulance	Ketations.	Da	
Information about the person to whom	parent/guardian of the	Injured Person gives resp	onsibility for medi	cal treatment.
Print Name		Relationship to Injur	red Person	
Circle One: Parent/Legal Guardian/Responsit	ble Party's Signature	Attending Health Care Profe	ssional's Signature	Date