



.....When to call 911

What is a true medical emergency? Ask yourself the following questions.

- Is the player's condition life threatening or limb threatening?
- Could the player's condition become life threatening or limb threatening on the way to the hospital?
- Could moving the player cause further injury?
- Does the player need the skill or equipment of a paramedic or emergency medical technician?
- Would distance or traffic conditions cause a delay in getting the player to the hospital?

Make the right call, if the injury is potentially life-threatening or in doubt, don't guess, call 911.

Some examples of conditions to watch for that may be a medical emergency

- Difficulty breathing or shortness of breath
- Unexplained convulsions or seizures
- Coughing up or vomiting blood
- Chest or upper abdominal pain or pressure
- Fainting or loss of consciousness
- Un-responsive when talked to or touched
- Sudden dizziness, weakness or change in vision
- Sudden or intense pain
- Mental change, confusion, unusual behavior
- Back or neck injury
- Bleeding that won't stop
- Allergic reaction
- Trauma (injury)
- Heat stress or exhaustion
- Hypothermia, or low body temperature



**Mt. Laurel United Soccer Association, Inc.
Accident/ Injury Report Form**

Determine need to call 911, call 911 as needed, and then call parent or emergency contact for all injuries other than minor cuts, bruises and abrasions , administer care and attention to injured and then lastly complete this form. This form should be turned into the director of the event or division.

Name: _____ Gender: Male/Female (circle)
Telephone: _____
MLU Player _____ Faculty/Staff _____ Other: (specify) _____
Date of This Report: _____ Date of Accident: _____
Time of Accident: _____ am/pm Place of Accident: _____
During: Game _____ Practice _____ Camp _____ Event _____

NATURE OF INJURY

Abrasion _____ Fracture _____ Asphyxiation _____ Laceration _____ Bite _____
Poisoning _____ Bruise _____ Puncture _____ Burn _____ Scalds _____
Concussion _____ Scratches _____ Cut _____ Shock (el.) _____
Dislocation _____ Sprain _____ Other (specify) _____

DESCRIPTION OF ACCIDENT/PART OF BODY INJURED

Abdomen _____ Ankle (____R / ____L) Back _____ Arm (____R / ____L)
Chest _____ Ear (____R / ____L) Face _____ Elbow (____R / ____L)
Finger _____ Eye (____R / ____L) Head _____ Foot (____R / ____L)
Mouth _____ Hand (____R / ____L) Nose _____ Knee (____R / ____L)
Scalp _____ Leg (____R / ____L) Tooth _____ Wrist (____R / ____L)
Other (specify) _____

How did accident happen? What was the person doing? Where was the person? List any specifically unsafe acts and unsafe conditions existing? Specify any tool, machine or equipment involved? Additional space available on back

IMMEDIATE ACTION TAKEN

First Aid Treatment Given: __ YES __ NO By Name: _____ Phone #: _____
First Aid Rendered: _____
Called 911? YES / NO By Name: _____ Phone #: _____
Called parent? __YES __NO Sent to Hospital? __YES __ NO
Transported to health care facility for further examination/treatment? YES /NO
____Ambulance _____ Personal Vehicle _____ Friends Vehicle. Print name of
person transporting player: _____
Signature and date of person transporting player: _____

1. Witness: _____ 2. Witness: _____
Phone #: _____ Phone #: _____
Form Submitted by: _____ Signature & Date: _____

Please attach additional comments / information on back of sheet