

**BURNSVILLE ATHLETIC CLUB  
ON-SITE INCIDENT REPORT**

**Name:** \_\_\_\_\_ **Date of Injury:** \_\_\_\_\_  
(injured player)

**Address:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Nature and extent of Injury:** \_\_\_\_\_  
\_\_\_\_\_

**Describe the first aid given, including name(s) of attendee(s):** \_\_\_\_\_  
\_\_\_\_\_

**Disposition:** to Hospital \_\_\_ to Home \_\_\_ to Physician \_\_\_ Other \_\_\_\_\_

**Was protective clothing worn?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Explanation:** \_\_\_\_\_  
\_\_\_\_\_

**Condition of playing surface:** \_\_\_\_\_

**Names and addresses of witnesses:**

_____	_____	_____
Name	Address	Phone
_____	_____	_____
Name	Address	Phone
_____	_____	_____
Name	Address	Phone

**Other Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_ Title/Position \_\_\_\_\_

**Forward to: Marcia Svenby  
BAC  
100 Civic Center Parkway  
Burnsville, MN 55337**

Here is the form that starts the process. They must go to their own provider first and what is not paid ours will cover. They must keep a detailed list of all treatment with a breakdown of what all the bills were for from the doctor and insurance company. Not just an amount owed and paid or they will reject reimbursement and have to order all the information from your insurance company after a long time passes. So it is important to keep these breakdowns as you go. It s a long process according to Marcia. But here you go and any questions contact Marcia at the BAC office.

All coaches here is an incident accident form for your girls if you need one keep in your file. [Marcia@BACsports.org](mailto:Marcia@BACsports.org)  
Here is Marcia e-mail if you need it for later.