

Injury Report Form

Date of Injury: _____ Place of Injury: _____

Injured: _____ Age _____ Sex _____

Address: _____ Phone () _____ - _____

City: _____ State: _____ Zip: _____

Association with Program: _____
(e.g., spectator, coach, athlete)

Location/Description of Injury: _____

Description of Circumstances: _____

Action Taken: (check all that apply)

_____ a. none required _____ b. injured refused treatment

_____ c. parent(s) called at _____ am / pm Caller: _____

_____ d. first aid given by: _____

Describe: _____

_____ d. ambulance called at _____ am / pm Caller: _____

_____ e. injured taken to: _____

via: _____

_____ f. others notified: _____ at _____ am / pm

Caller: _____

Witnesses: (1) _____ Phone: () _____ - _____

(2) _____ Phone: () _____ - _____

Date of report: _____ Prepared by: _____

Signature: _____

Retain one (1) copy of this report for your records and submit copy to league official/insurance company