



Incident Report Form

League Name: _____ Coach: _____

Incident Date: _____ Incident Time: _____

Injured Person Information:

Injured Person's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: M / F

City: _____ State: _____ Zip: _____ Last 4 of SS#: _____

Parent's Name (If Player): _____ Contact Phone: () _____

Parents' Address (If Different): _____

Injury Information:

Location of Injury (field, concession, etc) : _____

Nature of Injury (cut finger, broken arm, puncture, hit in head w/ ball, etc. Be sure to specify affected body part): _____

Description of event leading to injury: _____

Describe any first aid that was administered: _____

If a player, did they continue to play : Yes / No Was Ambulance called: Yes / No

Was professional medical treatment required: Yes / No (if yes, where was medical treatment obtained?) _____

Describe any other actions taken or relevant information: _____

Name of Coach or Manager signing form: _____

Signature/ Date

