

INJURY INCIDENT REPORT

Injured Participant Information:

First Name: _____ Last Name: _____

Phone: _____ Club Name: _____

Opponent Club Name: _____

Location of Incident (Address) : _____

Date of birth of injured participant: ____ / ____ / ____ Age Group(U8-U17) _____

Gender: Female Male

Player ___ Volunteer ___ Spectator ___ Coach ___ Official ___ Other ___

Accident Date: ____ / ____ / ____ Time of Accident: _____ AM _____ PM

Area of Injury (Body Part): _____

Description of incident occurrence:

Description of treatment/care:

Was an ambulance called? ___ Yes ___ No If an ambulance was called, participant was
____. Assessed by an EMT ___ only Treated and transported in an ambulance

Did the participant continue to participate? ___ Yes ___ No

Did the participant disregard medical advice? ___ Y e s ___ N o

Was disposal of Biohazard waste necessary? ___ Y e s ___ N o

Is a follow-up phone call to the injured participant recommended? ___ Y e s ___ N o

Medical Staff Information:

First Name: _____ Last Name: _____

Medical title (ATC, MD, etc.): _____ Phone: (____) _____

Signature: _____ Date: ____ / ____ / ____