



INJURY INCIDENT REPORT

Injured Participant Information:

First Name: _____ Last Name: _____

Phone: _____ Team: _____

Location of Incident: _____ Address: _____

Date of birth of injured participant: ____/____/____ 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? Yes No

Was disposal of Biohazard waste necessary? Yes No

Is a follow-up phone call to the injured participant / guardian recommended? Yes No

Medical Staff Information:

First Name: _____ Last Name: _____

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

Signature: _____ Date: ____/____/____