

SAN RAMON LITTLE LEAGUE

2018 INJURY REPORT

Player Injured: _____ Time of Injury: _____

Name and phone number of person filling out this form: _____

Date of Injury: _____ Age: _____ Sex: M F

Player Injured Address: _____

Player Injured Phone #: _____ Field: _____

Exact location injured on the playing field: _____

Incident occurred during: Game () Practice () Other ()

Detail

What was the injured player doing when the incident occurred?

Who else was involved?

What specific parts of the body were injured?

**Immediate Action Taken
(Please Check)**

No treatment of injury: ()

First aid administered: () Type of first aid: _____

Taken to a physician: () Persons name escorting injured player: _____

Taken to hospital: () Hospital name: _____

Was a parent / relative / guardian notified: Yes No

If "YES": Name and relationship to injured player: _____

**Follow Up - Please explain any follow up action taken by the coach.
(Example: Coach calls injured player at home)**

Comments or suggestions on how this injury could be avoided in the future:

**Complete and e-mail within 24 hours to:
Jeremy Pressman, League Safety Officer
vptraining@srbaseball.com**