

INCIDENT REPORT

The head coach must file this form with the KCFC office within 48 hours when a participant receives treatment from a medical professional for an injury or condition due to an incident in a game or at practice. A release from a medical professional must be provided to the coach prior to the player or cheerleader being allowed to participate.

Team/Squad	Coach	Date
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Participant's Name	Age	Grade	Weight	School
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Address	City	ST	Zip Code
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Parent's Name	Telephone Daytime	Telephone Evening
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Date of Injury	Time of Day	Location of Accident
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Describe injury in detail: _____

What action was taken? Was first aid given? If yes, explain fully _____

Were the services of a Physician needed? If yes, give name of Physician _____

If the participant was taken to hospital, give name of hospital, location and describe how person was transported:

Were parents or other family members notified? _____

Head Coach Signature	Date
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An insurance claim form will be sent to the parents of the injured participant after this form is received in the KCFC office.