



CHINO HILLS LITTLE LEAGUE ACCIDENT / INJURY REPORT FORM

Report any incident that causes a player/coach/umpire to receive medical treatment and/or first aid.

SUMMARY:

Player Injured: _____ Date and Time of Injury: _____

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

Age of Player: _____ Sex: _____

Team and Division: _____ Coach Name and Number _____

Player Injured Home Address: _____

Player Injured Phone Number: _____

Field Number or Name: _____

Exact location injured on the playing field: _____

Incident occurred during (Please Check): Game () Practice () Other () _____

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: () Person's name escorting injured player: _____

Taken to hospital: () Hospital name: _____

Were Fire/EMS/Police called and/or transported injured player: () If so, what hospital: _____

Was a parent / relative / guardian notified (Circle One): Yes No

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

FOLLOW UP:

Please explain any follow up action taken by the manager, coach, team mom, etc.:

(Example: Coach calls injured player at home)

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

Complete and email within 24 hours of the incident to:

League Safety Director, SafetyCHLL@gmail.com

NOTE: This form is used by CHLL for tracking and safety purposes. The safety officer will follow up with the injured party within 48 hours to verify information and discuss claim options. It should be noted this is not an insurance form for Little League.