

FALLBROOK POP WARNER

Incident Report

This form should be filled out immediately upon injury to any player or cheerleader.

_____ Football

_____ Cheer

Association: _____

Team: _____

Division: Flag JMM MM JPW PW JV VA (Please circle one)

Name of Injured: _____ Age: _____

Phone: _____

Date of Incident: _____ Time of Incident: _____

Type of Injury: _____

Summary of Accident: _____

Witnesses: (Names & Phone #'s) _____

Was immediate medical attention needed? Yes or No

Hospital/Facility injured was taken to: _____

How transported: _____

Name of adult released to: _____

Do you need to fill out a claim form for Palomar's insurance as a secondary carrier?

YES NO

Insurance Claim forms must be filled out within 60 days of the incident.

Coach Signature

Date

Parent/Guardian Signature

Date

League President or Board Member Signature

Date

****Note this form does not take place of the insurance claim form. It must be filled out separately**