



Injury Report

Program/League _____ Injury Date/Time _____ Site _____

Reported by _____ Signature _____ Date _____

Name of Injured Person _____ Approx. Age _____

Name of Parent / Legal Guardian (If Applicable) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Parent/Guardian Notified Date _____ Time _____

Nature of accident / injury (in detail; facts only)

Injured area - circle all that apply:

Head	Scalp	Face	Ear	Nose	Eyes	Mouth	Teeth
Abdomen	Stomach	Chest	Ribs	Back	Neck	Throat	Collar
Bone							
Shoulder	Arm	Elbow	Wrist	Hand	Fingers		
Hip	Leg	Knee	Ankle	Foot	Toes		

Other _____

Name of Person Taking Action _____ Action Taken _____

Ambulance Called Yes No Dr. Care Yes No EMT Response Yes No

Other Information _____

Hospital / Medical Contact _____

Injured Person Signature _____ Date _____

Witness 1 Name _____ Signature _____ Date _____

Witness 1 Address _____ Phone _____

Witness 2 Name _____ Signature _____ Date _____

Witness 2 Address _____ Phone _____

Witness 3 Name _____ Signature _____ Date _____

Witness 3 Address _____ Phone _____