

2026 Granada Little League Injury Report

Date of Injury _____ Time of Injury _____

Name of Injured Person (First & Last Name) _____

Home Address of Injured _____

Injured Phone Number _____ Age _____ Sex _____

Field Injury Occurred _____ Game / Practice / Other _____

Exact Location on Field Injury Occurred:

Please explain in detail to document the injury. What was the injured individual doing when the incident occurred? Was anyone else involved? If so, who? What specific part(s) of the body were injured:

Immediate Action Taken

No Treatment of injury (___) First Aid Administered (___)

Type of First Aid: Taken to Physician (___) Name of person escorting: _____

Taken to Hospital (___) Hospital Name: _____

Was a parent / guardian / relative notified? _____ If "Yes" please provide name & relationship to injured individual

_____. Please explain any follow up action taken by the manager / coach. _____

Additional comments / suggestions how the injury can be avoided in the future.

Name & Phone Number of Person filling out Injury Report:

