Valley Isle Softball Little League
INJURY REPORT FORM

CONTACT INFO			
NAME OF PERSON FILIING REPORT:			
EMAIL ADDRESS:		PHONE:	

DETAILS OF EVENT			
INJURED PERSON'S NAME		INJURED PERSON'S ADDRESS	
DATE OF INCIDENT		TIME OF INCIDENT	
LOCATION OF INCIDENT			
NAME(S) & PHONE(S) OF WITNESSES			

PLEASE PROVIDE A DETAILED DESCRIPTION OF THE INCIDENT. ATTACH ADDITIONAL SHEETS AS NECESSARY.

PLEASE PROVIDE A PRELIMINARY ESTIMATION OF EXTENT OF INJURY.

BOARD USE ONLY				
DATE RECEIVED:		TIME RECEIVED:		
BOARD REVIEW DATE:		DELIVERY METHOD		
FOLLOW UP DATE		EMAIL ☐	MAIL ☐	IN PERSON ☐
BOARD ACTION:				