



Injury Report

INJURED PERSON	Name: _____ Age: _____ Address: _____ Telephone: _____ _____ Parent notified? Yes No Time: _____															
EXACT DATE/TIME/ LOCATION	Date: _____ Time: _____ Name of Field: _____ Where on Field: _____															
DESCRIPTION OF INJURY	Describe how accident occurred. Include any statements by injured party. (Use back of this form if more room is required) _____ _____ _____															
FIELD CONDITIONS	<table style="width: 100%; text-align: center;"> <tr> <td>Sunny</td> <td>Dry</td> <td>Windy</td> <td>Dusk</td> <td>Cold</td> </tr> <tr> <td>Cloudy</td> <td>Drizzle</td> <td>Mud</td> <td>Lights</td> <td>Hot</td> </tr> </table>	Sunny	Dry	Windy	Dusk	Cold	Cloudy	Drizzle	Mud	Lights	Hot					
Sunny	Dry	Windy	Dusk	Cold												
Cloudy	Drizzle	Mud	Lights	Hot												
INJURY LOCATION	<table style="width: 100%; text-align: center;"> <tr> <td>Fracture</td> <td>Sprain</td> <td>Dislocate</td> <td colspan="2">Other _____</td> </tr> <tr> <td>Right</td> <td>Arm</td> <td>Ankle</td> <td>Upper</td> <td>Head</td> </tr> <tr> <td>Left</td> <td>Leg</td> <td>Wrist</td> <td>Lower</td> <td>Back</td> </tr> </table>	Fracture	Sprain	Dislocate	Other _____		Right	Arm	Ankle	Upper	Head	Left	Leg	Wrist	Lower	Back
Fracture	Sprain	Dislocate	Other _____													
Right	Arm	Ankle	Upper	Head												
Left	Leg	Wrist	Lower	Back												
TREATMENT (RESCUE)	Treated By: _____ Describe Treatment: _____ _____ 911 Called? Yes No By Whom? _____ Time _____															
DESTINATION TRANSPORT	<table style="width: 100%;"> <tr> <td>Home</td> <td>Auto/Parent</td> <td>Other: _____</td> </tr> <tr> <td>Hospital</td> <td>Ambulance</td> <td>Carrier: _____</td> </tr> </table>	Home	Auto/Parent	Other: _____	Hospital	Ambulance	Carrier: _____									
Home	Auto/Parent	Other: _____														
Hospital	Ambulance	Carrier: _____														
COACHES COMMENTS	_____ _____ _____															

Person Preparing Report (please print) : _____

Signature: _____ Date: _____

Request for League Insurance Forms: Yes No Signature: _____
 Date: _____