



Injury Report Form

Please Complete All Fields

Date:		Date of Incident:		Time of Incident:		AM	PM
Event:		Head Coach:		Coach Ph:		Coach Email:	
Location of Incident:			Address:		City/State/Zip:		
Division/Team:				Team Mom:		Team Mom Ph:	
Participant Name:				DOB:		Age:	
Home Address:				Phone:		Sex: M F	
City-State-Zip:				SSN:			
Allergies:						Weight:	
Medications:						Height:	
Past Medical History:							
Parent/Guardian Name:				Phone:		Email:	
Parent/Guardian Name:				Phone:		Email:	
Body Part Injured & Nature of Injury/Incident:							
Events Leading to Illness/Injury: Describe what happened and How; Include Exact Location (Be Specific):							
Date/Time Reported to Head Coach:				Reported By:			
First Aid Treatment: (Include Whom Administered By and When)							
Professional Medical Care: (On-Site Paramedic/EMT, Doctor, Ambulance Transport, Emergency Room, etc. - Be Specific) - Diagnosis:							
Witness:				Phone:		Email:	
Witness:				Phone:		Email:	
I declare and affirm under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information and belief.							
Head Coach		Print:		Signature:		Date:	