

# ACCIDENT/INCIDENT REPORT FORM

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Location: \_\_\_\_\_

Site Director: \_\_\_\_\_

Nature of Event: \_\_\_\_\_

Name of injured person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Who was injured person? (circle one) Player      Spectator      Coach

Type of injury: \_\_\_\_\_

Details of incident and injury (use back of sheet if necessary): \_\_\_\_\_

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Parent Present? Yes \_\_\_\_\_ No \_\_\_\_\_      Parent Notified? Yes \_\_\_\_\_ No \_\_\_\_\_

Paramedics called to scene? Yes \_\_\_\_\_ No \_\_\_\_\_

Who contacted fire rescue to scene? \_\_\_\_\_

Injury requires transport?      Yes \_\_\_\_\_ No \_\_\_\_\_

Name of physician/hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Physician/hospital phone number: \_\_\_\_\_

\_\_\_\_\_  
Name and Signature of Person completing this report

\_\_\_\_\_  
Date

**Email this completed form to [admin@catholicyouthsports.org](mailto:admin@catholicyouthsports.org) within 24 hours of incident**

Catholic Youth Sports  
PO Box 940176  
Maitland, FL 0176

