



New Fairfield Baseball Injury Report Form

Date/Time of Incident:

Injured Player Name:

Coaches Name:

Location of Incident:

Explanation of Incident:

Location of Coach at Time of Incident:

Witness:

Phone:

Witness:

Phone:

Actions after Injury was detected:

Parents Contacted:

Yes

No

Player taken to Hospital

Yes

No

This report **MUST** be given to the NFB Commissioner or Vice Commissioner within 48 hours of the incident.