

NLLN Injury Report Form

I Personal Information

Name of injured person _____ Player/Adult _____

Birth Date _____ Male/Female _____ Parent Name _____

Address _____ Phone _____ Work _____

Team _____ Division _____ Manager _____

II Explain Incident

Date _____ /tune _____ Place _____

Did accident occur during a game/practice _____ Coaches present _____

Describe what happened _____

Witnesses (names and addresses) _____

III Describe Injury _____

IV Describe Action Taken

First Aid given? _____ Explain _____

What other League personnel (if any) have been notified? _____

What steps have been or could be taken to prevent similar incidents in the future? _____

League Representative/Date

Injured Person/Date

Managers: This form must be filed with the President and League Safety Officer within 48 hours of the incident.