

VANTIS LIFE BASEBALL LEAGUE
INJURY REPORT

Note: Players receiving medical attention must submit a note from a doctor clearing them to play. Fax or scan to your Supervisor

Name:	Age:
Date of Accident:	Time of Accident:
Coaches Name (Witness):	
Location:	
Description of Accident: (sprain, bruise, dislocation, fracture, concussion, etc.)	
Initial First Aid (Ice Applied, Cleaned, etc.)	
Was EMS Called: <input type="checkbox"/> No <input type="checkbox"/> Yes	Did EMS Transport: <input type="checkbox"/> No <input type="checkbox"/> Yes
Signature of Person Reporting:	Date:
Check One: <input type="checkbox"/> Team Insurance <input type="checkbox"/> League Insurance	