

On-Site Injury Report Form

Name: _____ Date of Injury ____/____/____
Injured Person *Mo Day Yr*

Address: _____
Street City, State Zip

Telephone: _____
Home Other

Nature and extent of injury: _____

How did the injury occur? _____

Describe first aid given, including names(s) of attendee(s): _____

Disposition: to hospital to home to physician

Other: _____

Was protective equipment worn? Yes No

Explanation: _____

Condition of the playing surface: _____

Names and addresses of witnesses:

Name Street City State Telephone

Name Street City State Telephone

Name Street City State Telephone

Other comments: _____

Signed Date Title/Position