

CANYON CREEK LITTLE LEAGUE INJURY REPORT

Player Injured: _____

Date of Injury: _____ Age: _____ Sex: M F

Time of Injury: _____

Name and phone number of person filling out this form: _____

Player Injured Address: _____

Player Injured Phone #: _____ Field: _____

Exact location injured on the playing field: _____

Incident occurred during: Game Practice Other

Detail: _____

What was the injured player doing when the incident occurred? _____

Who else was involved? _____

What specific parts of the body were injured? _____

IMMEDIATE ACTION TAKEN *(Please Check)*

No treatment of injury:

First aid administered: Type of first aid: _____

Taken to a physician: Persons name escorting injured player: _____

Taken to hospital: Hospital name: _____

Was a parent / relative / guardian notified: Yes No

If "YES": Name and relationship to injured player: _____

FOLLOW UP

Please explain any follow up action taken by the coach.

(Example: Coach calls injured player at home)

Comments or suggestions on how this injury could be avoided in the future:

COMPLETE AND MAIL (OR E-MAIL) WITHIN 24 HOURS OF THE INCIDENT TO:

Michael Kanceljak, League Safety Officer

PO BOX 2639 · San Ramon, CA 94583

(This form is used by CCLL for statistics and safety purposes. This is not an insurance form.)