

INCIDENT/INJURY REPORT

| | | | | | | |
|---|----------------------|---|------------------------------------|---|---------------------------|--------------------------------------|
| Date of Occurrence | | Time of Occurrence | | | Date Reporting Occurrence | |
| Location of Occurrence (ball park or facility, city) | | Owner of the Premises Where Injury Occurred | | Person in Charge at Time of Occurrence | | Permit Holder's Name (if applicable) |
| Name of Injured Person | Age | Sex | Address | | City | Postal Code |
| Name of Injured Person's Parent or Guardian if under 18 | | Address | | City | Postal Code | Telephone |
| Role of Injured party (player, coach, spectator, etc.): | Part of Body Injured | | What happened to cause the injury? | | | |
| Describe Injury: | | | | | | |
| First aid (what steps were taken immediately following the incident)? | | | | | | |
| Further Treatment – hospital or doctor's attention required? | | | | Was parent/guardian called? If so, who? | | |
| Was the patient transported for medical treatment? If so, by what means (ambulance, parent/guardian's vehicle, etc.)? | | | | What medical facility was the patient treated at? | | |
| Who treated the patient (name of doctor/dentist, etc.)? | | | | Any other information to report? | | |
| Name of Person Submitting This Report: | | | | Position with Association: | | |

Email Address:

Telephone #: