

Injury Report Form

Name of injured: _____ Date of injury: _____

Address: _____ Time of injury: _____

_____ Telephone: _____

Describe nature and extent of injury:

Describe first aid given:

Disposition (EMS called; time EMS arrived, transported to hospital, carried home, etc.)

Notification of next of kin: Name: _____ Telephone: _____

Witness statements taken? Yes ____ No ____ Collected statements? Yes ____ No ____

Notes and comments on incident (how occurred,

Disposition and follow-up (Club officers notified, etc.):

Writer's name: _____ Telephone: _____

_____ Date: _____

Signature