



## INJURY INCIDENT REPORT

### Injured Participant Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Team: \_\_\_\_\_

Location of Incident: \_\_\_\_\_ Address: \_\_\_\_\_

Date of birth of injured participant: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male or Female

Player      Volunteer      Spectator      Coach      Official      Other

Accident Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Accident: \_\_\_\_\_ AM \_\_\_\_\_ PM

Area of Injury (Body Part): \_\_\_\_\_

Description of incident occurrence:

\_\_\_\_\_

\_\_\_\_\_

Description of treatment/care:

\_\_\_\_\_

Was an ambulance called? **Yes / No** If an ambulance was called, participant was . . .

Assessed by an EMT only      Treated and transported in an ambulance

Did the participant continue to participate? **Yes / No**

Did the participant disregard medical advice? **Yes / No**

Was disposal of Biohazard waste necessary? **Yes / No**

Is a follow-up phone call to the injured participant recommended? **Yes / No**

### Medical Staff Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Medical title (ATC, MD, etc.): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Injured / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_