Report of Accident or Incident

DATE OF INCIDENT_____ TIME OF INCIDENT_____AM/PM

Name of Location where the accident occurred_____

Address_____

City_____ State_____ Zip_____

DOES THE INJURED PERSON HAVE OTHER MEDICAL INSURANCE? ☐ **YES** ☐ **NO**

If yes, please provide name of company and policy #: _____

_____

INJURED PERSON: ☐ Athlete ☐ Official ☐ Spectator

☐ Employee ☐ Volunteer ☐ Other_____

_____

WHEN DID THIS TAKE PLACE?

☐ Practice ☐ Pre-Game ☐ During Game ☐ Post-Game

☐ Other_____

INJURED PERSON INFORMATION

Last Name **First**	**Phone # ( )** ☐ **Single** ☐ **Married**
Address	**E-Mail Address**
City **State** **Zip**	**Emergency Contact Phone/Email:**
Age **D.O.B.** ☐ **Male** ☐ **Female**	

GUARDIAN/PARENT (IF INJURED PERSON IS A MINOR)

Last Name	**First**	**Middle E.**	**Phone # ( )**
Address	**City**	**State** **Zip**	**E-Mail Address**

INCIDENT LOCATION

☐ Competition Area ☐ Concession Area
☐ Parking Lot ☐ Admission Area
☐ Restroom Area ☐ Off Property
☐ Premises/Grounds ☐ Bleachers/Stands

INCIDENT

☐ Assault ☐ Slip/Fall
☐ Trip/Fall ☐ Collision (participant)
☐ Caught in, on, between ☐ Collision (spectator)
☐ Collision (with object) ☐ Overexertion
☐ Struck by(object) ☐ Other_____

PRIMARY INJURY

☐ Allergy ☐ Dislocation ☐ Nausea
☐ Abrasion ☐ Electrical Shock ☐ Stroke
☐ Laceration ☐ Fracture ☐ Burn
☐ Heat Exhaustion ☐ Pain ☐ Hypertension
☐ Cardiac ☐ Illness ☐ Contusion
☐ Sting/Bite ☐ Seizures ☐ Concussion
☐ Strain/Sprain ☐ Tooth/Mouth ☐ Other_____

BODY PART INJURED

☐ Eye (L/R) ☐ Back ☐ Nose
☐ Arm (L/R) ☐ Face ☐ Tooth
☐ Ear (L/R) ☐ Leg (L/R) ☐ Head
☐ Knee (L/R) ☐ Ankle (L/R)
☐ Internal ☐ Hip (L/R)
☐ Shoulder (L/R) ☐ Foot (L/R)
☐ Elbow (L/R) ☐ Hand (L/R)
☐ Wrist (L/R) ☐ Finger or Toe
☐ Neck ☐ Torso

DISPOSITION

☐ Released to parent ☐ Police
☐ Refusal of care ☐ Ambulance
☐ Refer to doctor ☐ Report only
☐ Medical attention ☐ EMS transport
☐ Refer to hospital or clinic
☐ Patient requested EMS transport
☐ Released to personal vehicle
☐ Other_____

CLASSIFICATION

Please describe the severity of your injury or injuries:

_____
_____
_____
_____
_____
_____

Describe how the incident occurred: if property damage only, please describe item damaged and owner. [Use the back of this form if necessary]

_____

_____

WITNESS INFORMATION (use the back of this form if necessary)

NAME	ADDRESS	TELEPHONE NUMBER
1.		( )
2.		( )

Person filing (or making) this report:

_____ _____ _____ _____

Print Name Signature Phone # Date