

Centennial Basketball Association

MEDICAL INCIDENT REPORT FORM

Today's Date: _____

Coaches' Name/Team: _____

Date and Time of Incident: _____

Location of Incident (practice/gym, tournament game/site, etc.):

Player(s) involved:

Description of what occurred and what was advised by medical personnel, including the next step and plan of action/timeline. The trainer or parent should follow up with the CBA President when the medical time frame is complete. Please be as detailed as possible.

Submitted by _____ Please email or deliver this form to the CBA President, Vice-President or Traveling Director. Thank you.