

Injury Incident Report

Please send the report to the Executive Director after the injury. Email the form to Executive Director OR mail to: Rugby Idaho; PO Box 45663; Boise, ID 83771

Injured Participant Information:

First Name: _____ Last Name: _____

Phone: (____) _____ Team: _____

Date of birth: ____/____/____ Gender (circle): Female Male

Position (circle): Player Coach Official Spectator Volunteer Other

Accident Date: ____/____/____ Time of Accident: _____ AM
or PM

Area of Injury (Body Part): _____

Description of Incident:

Description of Treatment or Care:

Did the Participant continue to participate? NO YES

Was an ambulance called? NO YES

If an ambulance was called, participant was (circle one) ...

Assessed by EMT only
ambulance

Treated and transported in an
ambulance

Medical Staff Information (if one available):

First Name: _____ Last Name: _____

Medical Title (ATC , MD, etc.) _____ Phone:
(____)_____

Signature: _____ Date:
____/____/____