



### Injury Report

Date of Occurrence: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Team or association involved: \_\_\_\_\_

Name(s) and contact information of injured parties:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Describe how injury/injuries occurred (use back of page if necessary):

Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

First aid: Yes No

If Yes, By whom? \_\_\_\_\_

Assistance requested:       Police                       Fire                       Ambulance

Did any of the injured parties go to hospital? Yes No

Witnesses (staff and others):

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Declaration

I hereby certify that the information contained in this report is true and correct to the best of my knowledge.

Name: \_\_\_\_\_ Position: \_\_\_\_\_