

WTCP ACCIDENT REPORT
(give to parent at conclusion of practice/game)

Name: _____ Date: _____

Squad: _____ Location: _____

Incident (what happened): _____

Injury: _____

___ Director Notified ___ Parent/Guardian Notified

___ Ambulance Called ___ Sat out for balance of practice/game

___ Returned to Practice (explain) _____

___ Left practice/game early

Parent/Guardian Signature

Team Manager Signature

Director Signature

FOLLOW UP
(team manager keeps this portion for follow up with family)

Name: _____ Date: _____

___ Physician's Note with instructions (please attach)

Date Cleared for Practice: _____

___ Did not see Physician

Parent/Guardian Signature

Date