



FIRST REPORT OF INJURY

Name of Person Reporting		Phone Number	
Name of Injured Person		Birthdate	
Address			
Phone Number	Gender M F	Where did the injury occur?	Time of Injury
Describe the injury - include the part of the body affected and how the injury Occurred			
Did the injured receive medical treatment?		YES	NO
<i>If yes, what type?</i>			
<i>Minor medical treatment at field</i>	<i>Minor medical treatment at hospital or clinic</i>	<i>Emergency treatment at hospital or clinic</i>	
Any additional information?			

Complete this form and email or give to the appropriate League Director or Safety Officer of Methuen Youth Baseball.