

## Injury Report Form

Date of Injury: \_\_\_\_\_ Place of Injury: \_\_\_\_\_

Injured: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address: \_\_\_\_\_ Phone (     ) \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Association with Program: \_\_\_\_\_

(e.g., spectator, coach, athlete)

Location/Description of Injury: \_\_\_\_\_

Description of Circumstances: \_\_\_\_\_

Action Taken: (check all that apply)

\_\_\_\_\_ a. none required \_\_\_\_\_ b. injured refused treatment

\_\_\_\_\_ c. parent(s) called at \_\_\_\_\_ am / pm Caller: \_\_\_\_\_

\_\_\_\_\_ d. first aid given by: \_\_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_ e. ambulance called at \_\_\_\_\_ am / pm Caller: \_\_\_\_\_

f. injured taken to: \_\_\_\_\_

via: \_\_\_\_\_

\_\_\_\_\_ g: others notified: \_\_\_\_\_ at \_\_\_\_\_ am / pm

Caller: \_\_\_\_\_

Witnesses: (1) \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

(2) \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Date of report: \_\_\_\_\_ Prepared by: \_\_\_\_\_

Signature: \_\_\_\_\_

*Retain one (1) copy of this report for your records and submit copy to league official/insurance company*

The Rutgers SAFETY. Clinic

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