



Injury Report Form

{Please Print}

Name of Athlete: _____

Address of Athlete : _____

Date of Injury : _____ Time of Injury : _____

Field Location (Field Name / Town) : _____

Team Name : _____ League Division : _____

First Aid Responder (Name) : _____

First Aid Responder (Phone Number) : _____

Cause of Injury : _____

Type of Injury : _____

Extent of Injury : _____

First Aid Administered : _____

Did Athlete Return to Game : _____ (Yes) _____ (No)

Referral Action (Released to Parent, 911 call for Medic, etc.) : _____

If 911 Call, what Hospital was Athlete taken to : _____

First Aid Responder (Signature) : _____ Date : _____

Manager / Coach (Signature) : _____ Date : _____

Managers / Coaches - complete this form in its entirety within 2 days of the injury and scan / email to the attention of ***B – W League President Dwight C. Rowland*** at bethwoodpres72@gmail.com and ***Jen Kapo (Modi)*** at jenniferkapo@gmail.com