



## 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](mailto:bethwoodpres72@gmail.com) and Jen Kapo (Modi) at [jenniferkapo@gmail.com](mailto:jenniferkapo@gmail.com)**