



# Safety & Emergency Preparedness Program

## Appendix E

### Beth-Wood Injury Report Form (Draft)

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#### Purpose & Instructions

This form must be completed **within 48 hours** of any injury that occurs during a Beth-Wood Baseball game, practice, or league-sanctioned event. Accurate and timely documentation helps ensure player safety, appropriate follow-up, and league compliance with insurance and reporting requirements.

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#### Submission Procedure

1. Complete all fields as accurately as possible.
2. Scan or photograph the completed form.
3. Submit to the league safety committee via email or upload to the online Injury Report portal.
4. Retain a copy for your team records.

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#### Sources (2023 – 2025 updates)

- **Babe Ruth League.** *Safety Plan Template* (2024).
- **Beth-Wood Baseball League.** *Injury Report Form* (Updated 2025).

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## For Online Submission - Injury Report Form

Player Name: \_\_\_\_\_

Age: \_\_\_\_\_ Team/Division: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time: \_\_\_\_\_

Field / Location: \_\_\_\_\_

First Aid Responder (Name): \_\_\_\_\_

Phone: \_\_\_\_\_

Cause of Injury: \_\_\_\_\_

Type of Injury: \_\_\_\_\_

Extent of Injury (Minor / Moderate / Severe): \_\_\_\_\_

Description of Incident:

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First Aid Administered / Treatment:

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Did Athlete Return to Play?  Yes  No

Referral Action (Tick one):

Released to Parent/Guardian  
 911 Called for EMS  
 Transported to Hospital – Name \_\_\_\_\_

Parent/Guardian Notified?  Yes  No

Time Notified: \_\_\_\_\_

Signatures:

- First Aid Responder: \_\_\_\_\_ Date: \_\_\_\_\_
- Coach/Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**Reminder:** If the player was referred to a physician for evaluation of any injury — whether baseball-related or not — they may not resume participation until written medical clearance is provided.

### League Use Only

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By Safety Committee:  Yes  No

Follow-Up Required:  Yes  No

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