

INJURY REPORT FORM –SportsLink

Name of Injured Person _____

Team Name: _____ Date: _____ Time: _____ Event/Sport: _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Age _____ Sex: Female or Male

As: _____ Participant _____ Volunteer _____ Spectator _____ Bystander _____ Official _____ Other

Apparent Injury: _____ Body Part: _____

Condition: (Laceration, Concussion, Sprain, Fracture, etc.) _____

How was it treated? _____

Treated by, (physician, trainer, EMT, other) _____

What was the situation and exact location at the time of occurrence? _____

Describe how the accident happened: (attach additional page if necessary) _____

What special circumstances existed at time of occurrence? (rain, snow, wet floor...): _____

Witness Name _____

_____ First Last

Address _____ City _____

State _____ Zip _____ Phone (_____) _____

Captain's Name: _____ Phone number: _____

Referee's name: _____ Phone number: _____

Employee/ Coordinator Name: _____ Phone number: _____

Follow up call made: _____

Doctor's report (if any): _____

Parents Notified (if minor): _____