



PORTAGE YOUTH SOFTBALL

WWW.PORTAGEYOUTHSOFTBALL.ORG

INJURY REPORT FORM

Date/Time of Injury: ____ / ____ / ____ : ____ AM / PM

Place of Injury: _____

Person Injured: _____

Age: _____

Gender (Circle One): M or F

Address: _____

City: _____

Association with Portage Youth Softball: _____

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

Description of Injury: _____

Description of Circumstances: _____

Action Taken

(Check all that apply)

____ None Required

____ Injured Person Refused Treatment

____ Parent(s) called at ____ : ____ AM / PM

Caller: _____

____ First Aid given by: _____

Description: _____

____ Ambulance called at ____ : ____ AM / PM

Caller: _____

Injured Taken to: _____ Via: _____

____ Others Notified: (1) _____ at ____ : ____ AM / PM

(2) _____ at ____ : ____ AM / PM

Caller: _____

Witnesses

(1) _____ Phone: (____) _____ - _____

(2) _____ Phone: (____) _____ - _____

Date of Report: ____ / ____ / ____

Prepared By (Print): _____

Signature: _____ Date: ____ / ____ / ____

Retain one copy and submit one directly to a member of the Board of Directors (paper, mail, email).