

HILLANDAL SPORTS ASSOCIATION
INCIDENT REPORT FORM

In case of injury, please complete with as much detail as possible and either personally hand it to a board member or email it to president@hillandalesports.org.

Name of Child: _____

Date of Incident: _____

Time of Incident: _____

Location of Incident (Field/School and City/State):

Cause of Injury:

Type of Injury (cut, scrape, bruise, sprain, etc.):

Description of How and Where Incident Occurred & Any Aid Received:

Where child received treatment:

Onsite Clinic Dentist Urgent Care Other _____

Signature of Coach: _____

Name of Coach: _____

Signature of Parent/Guardian: _____

Name of Parent/Guardian: _____