

Appendix C - Injury / Illness Report

Bayside Area Little League



Injury / Illness Report

Date of incident _____

Name of Person _____

Parent Name (if minor) _____

Phone # _____

Team Name _____

Manager &/Or Coach Name _____

Type of injury / illness _____

Circumstances surrounding incident / explanation _____

Location (i.e. field 1, concession, stands...) _____

Was medical treatment required? _____

What kind of treatment? _____

On site treatment provided by _____

Was additional medical treatment sought? (i.e. the injured person was taken home, to a doctor,

to the hospital) _____

Was a parent or guardian present? _____

Follow-up by _____

Method of follow-up _____

information learned during follow-up _____

Signature of person completing form

Signature of Board Member or League Representative

Date completed