

Injury / Accident Form

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|-------------------------|------|--------------|-------------------|-----------------|-------------|
| Name: | | Injury Date: | | Time of Injury: | |
| Sex M / F | DOB: | | Sport / Activity: | | |
| Where did Injury Occur: | | | When: | Practice | Game Other: |

Body Part :

Pain Scale: 1 2 3 4 5 6 7 8 9 10

Observation: Swelling / Deformity / Bleeding / other:

How did it occur:

Concussion Signs or symptoms : yes / no

Action Taken:

Was EMS Called:

Time Called:

By Whom:

Was parent notified: Time:

How: In person Phone call VM

Phone # Called:

Coaches Signature: _____

Parks and Recreation Staff Signature: _____