

INDIAN MILLS ATHLETIC ASSOCIATION
Injury Report Form

Date of Injury: _____ Place/Address Injury Occurred: _____

Injured Person: _____ Age: _____ Sex: _____

Address: _____ Phone: _____ - _____ - _____

City: _____ State: _____ Zip: _____

Association with Program: _____
(player, official, coach, spectator)

Type of Injury: _____

Describe how Injury Occurred: _____

What Action was Taken: (check all that apply)

a) _____ no action required b) _____ injured person refused treatment

c) _____ notification made to parent(s), guardian, or emergency contact
note name, date, & time of contact _____

d) _____ first aid provided by (name) _____
describe first aid provided _____

e) _____ ambulance contacted at _____ am/pm Name of caller: _____

f) _____ injured taken to _____
injured transported by _____

Witnesses:

1) _____
name address phone number

2) _____
name address phone number

Date of Report: _____ Reported Prepared by: _____

Signature: _____

