



## Injury Incident Report

Name of Injured \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parent (if a minor) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Telephone \_\_\_\_\_

Date of Incident \_\_\_\_\_ Location \_\_\_\_\_

Game/Practice, Other \_\_\_\_\_ Age Category \_\_\_\_\_

Team \_\_\_\_\_

Coach and Phone# \_\_\_\_\_

Description of Incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of Injury/Property Damage \_\_\_\_\_

\_\_\_\_\_

Medical Information (Describe medical treatment given and given by (Coach, EMS, other healthcare provider) was an Ambulance called, was patient transported to hospital, what hospital. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Report Filed By \_\_\_\_\_ Phone# \_\_\_\_\_

Date of Report \_\_\_\_\_

**You must immediately contact the President or Vice President of the SYHA after this form is completed.**