



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.