

INJURY REPORT

*MUST BE COMPLETED BY MANAGER OR COACH AT SCENE OF INJURY
FOR ALL INJURIES THAT REQUIRED FIRST AID OR MEDICAL ATTENTION.*

(MUST BE FILLED OUT AT TIME OF INJURY AND RETURNED TO REDCAT OFFICE WITHIN 24 HOURS)

Team _____ Division _____

Manager or Coach's Name _____

Name of Injured Party _____

___ Player ___ Spectator ___ Official

Address of Injured Party _____

Phone Number of Injured Party (_____) _____

If Injured Party is a Minor, Name of Parent or Guardian Notified _____

When Notified: Date _____ Time _____ Place _____

Injury occurred at (Location): _____

During: ___ Scheduled Game ___ Practice ___ Special Event

Date of Injury _____ Time of Injury _____

Describe Part of Body Injured _____

Was Safety Equipment in Use? _____

Witnesses: 1) _____

2) _____

3) _____

Describe in Detail How Injury Occurred: _____

In Injured Party was a Player or Official, did he/she continue to participate in game or event? ___ Yes ___ No

Was Injured Party Treated at Scene? _____ By whom _____

Was Injured Party Taken to Hospital? _____ By whom _____

Name of Hospital _____ Doctor _____ Other _____

Was Injured Party Hospitalized? _____

Were Safety Rules Neglected? ___ Yes ___ No If "Yes," Explain: _____

Contributing Factors: Weather _____ Field Conditions _____

Condition of Injured Party Prior to Injury Alert _____ Ill _____
