INCIDENT REPORT FORM

Date of incident: _____ **Time:** _____ AM / PM

Location: _____ **Nature of Event:** Game / Practice / Other: _____

Name of injured person: _____ **Date of Birth**: _____

Address: _____ **Phone #(s):** _____

Gender: (circle one) Male / Female **Grade**: _____ **School**: _____

Who was injured person? (circle one) Player / Spectator / Coach

Details of incident and injury (use back of sheet if necessary):

_____

_____

_____

_____

_____

Parent Present? (circle one). Yes / No **Parent Notified?** (circle one) Yes / No
Paramedics called to scene? (circle one) Yes / No
Who contacted fire rescue to scene? _____
Injury requires transport? (circle one) Yes / No
Name of physician/hospital: _____
Physician/hospital Address: _____ **Phone #:** _____

_____
Name of Person completing this report (print)

_____ _____
Signature of Person completing this report **Date**

Email this completed form to marshalljrredhawks@gmail.com within 24 hours of incident.