Sports Injury Report Form

To be completed by a Director as soon as possible after incident/accident

Incident Date: Incident Time:

Location:

Name of Injured Person:

Address:

Details of Incident

Witness name:

Witness Phone:

Did the injury require Hospital or Physician treatment? Yes ◯ No ◯

Hospital attended:

Hospital address:

Doctor's name:

Important Notes and Instructions:

Prepared by: Executive Position:

Signature: Date:

Save Form Print Form