REPORT ALL INCIDENTS TO LEAGUE OFFICIALS

INCIDENT REPORT FORM

***Use In the event of* Injury, Incident, or Property Damage**

INJURED PERSON INFORMATION/PROPERTY DAMAGE OWNER:

Full Name: _____
Last *First* *M.I.*

Birth Date: / / Sex: ☐ Male ☐ Female Social Security #: / /

_____ *Apartment/Unit #*
Street Address

_____ ( ) -
City *State* *ZIP Code* *Phone*

Does the injured person have other medical insurance? ☐ Yes ☐ No

If yes, please provide name of company & policy #: _____

INJURED PERSON: ☐ Player ☐ Official ☐ Coach ☐ Spectator ☐ Volunteer ☐ Other: _____

GUARDIAN/PARENT *(if injured person is a minor)*:

Full Name: _____
Last *First* *M.I.*

_____ *Apartment/Unit #*
Street Address

_____ ( ) -
City *State* *ZIP Code* *Phone*

INCIDENT INFORMATION: _____ **AM / PM**
Date of Incident *Time of Incident*

BODY PART INJURED

Ankle (L/R)	Shoulder (L/R)	Back
Knee (L/R)	Wrist (L/R)	Neck
Nose	Finger	Internal
Head	Eye (L/R)	No Injury
Tooth	Ear (L/R)	Other

If ankle injury, was ankle:
Taped / Supported
Unsupported
Wearing shoes? Y / N

If knee injury, was knee:
Braced / Supported
Unsupported
Wearing knee pads? Y / N

PRIMARY INJURY

Abrasion	Fracture
Burn	Heat Exhaustion
Cardiac	Nausea
Cold Injury	Laceration
Concussion	Pain
Contusion	Seizures
Dislocation	Sting / Bite
Foreign Body	Strain / Sprain

LOCATION

Before Game / Practice
During Game / Practice
After Game / Practice
Field Area
Concession Area
Parking Lot
Restrooms
Bleachers / Stands
Off Property

INCIDENT

Collision (participant / spectator)	Animal / Insect Bite / Sting
Collision (with object)	Slip / Fall
Collision (participant / participant)	Overexertion
Collision (spectator / spectator)	Assault (Sexual)
Struck by falling / flying object	Assault (Non-sexual)
Caught in / on / between goal	Property Damage

DISPOSITION

No care given:	Not Needed
	Patient Refused
Released:	To Parent
	To Personal Vehicle
Referral:	To Doctor
	To Hospital / Clinic
EMS transport:	MYFF Recommended
	Patient / Parent Requested

FIELD SURFACE ☐ Dirt ☐ Grass ☐ Indoor

CLASSIFICATION ☐ Non-Injury ☐ Minor Injury or Illness ☐ Serious Injury or Illness

POLICE REPORT FILED ☐ Yes ☐ No If yes, report #: _____ Officer's Name: _____

Describe how the incident, injury or damage occurred: ***(use the backside or attach a separate sheet if necessary)***

WITNESS INFORMATION

Name	Address	Phone Number

Person completing this form:

Name	*Signature*	*Date*	*Phone*