

Injury Reporting and Tracking Form

Injured Person's Name: _____ Sex : M F Other

Age: _____ Address: _____ City: _____

Postal Code: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Parents' Address (If necessary): _____

Address: _____ City: _____

Postal Code: _____ Phone: _____

Incident happened while participating in: _____

Incident Date: _____ Incident Time: _____

Incident Location: _____

Type of Injury: _____

Short description of Injury: _____

Was First aid required: Yes No If yes, write detail: _____

Was Professional Treatment Required: Yes / No. If yes, write detail: _____

Could this incident have been avoided: Yes / No. If yes, how could it have been avoided:
