



INJURY REPORT FORM

Report any incident that causes a player/coach/umpire to receive medical treatment and/or first aid.

Player Injured: _____ Time of Injury: _____

Name and phone number of person filling out this form: _____

Date of Injury: _____ Age: _____ Sex: M / F

Player Injured Address: _____

Player Injured Phone #: _____ Field: _____

Exact location injured on the playing field: _____

Incident occurred during: Game () Practice () Other () _____

Detail

What was the injured player doing when the incident occurred? _____

Who else was involved? _____

What specific parts of the body were injured? _____

Immediate Action Taken

(Please Check)

No treatment of injury:

First aid administered: ()

Type of first aid: _____

Taken to a physician: ()

Persons name escorting injured player: _____

Taken to hospital: ()

Hospital name: _____

Was a parent / relative / guardian notified:

Yes

No

If "YES": Name and relationship to injured player:

Follow Up

Please explain any follow up action taken by the coach.
(Example: Coach calls injured player at home)

Comments or suggestions on how this injury could be avoided in the future:

Complete and email within 24 hours of the incident to:
League Safety Director, safety@livermorelitttleleague.com

(This form is used by LLL for statistics and safety purposes. The safety officer will follow up with the injured party 48 hours later to verify information and discuss claim options. Note: This is not a insurance form.)