West Paterson Boys and Girls Club
Recreational Sports Programs
Injury Report Form

A copy of each injury report must be sent to the West Paterson Boys and Girls Club Program Commissioners and Board Members within SEVEN (7) days of the occurrence of the injury.

PLEASE PROVIDE A COMPREHENSIVE AND THOROUGH RESPONSE TO EVERY QUESTION.

1. Name of Injured Person or Persons: ______________________________

2. Street Address (please indicate the injured persons physical address):

____

City/Town: ______________________________ Zip Code: ______________

3. Name of Parent: ______________________________ **4.** Telephone: ______________

5. Name of Person Completing Form: ______________________________

6. Today's Date: ______________ **7.** Date of injury:______________ **8.** Time of Injury: ____________☐ AM ☐ PM

9. Name of Sport __________, Team _________, Level ______________, and Head Coach: ______________________

Note: Fill out a separate form for each injured person

10. a) Age of person whose injury is described on this form: _________ **b)** Gender: M ☐ F ☐

11. Where did the injury occur? ☐ Indoors ☐ Outdoors

12. Please specify the location where the injury occurred:

☐ James Belford Field ☐ Yodice Field ☐ Memorial Gym
☐ Grimes Park Field ☐ Pridmore Field ☐ CO Gym
☐ Reda Memorial Field ☐ WPBG Club ☐ Other (Please Specify) ______________

13. What was the incident outcome? Please check all that apply:

☐ Injury ☐ Illness ☐ Death

14. Explain in detail how the injury occurred (e.g. what type of activity was the injured person engaged in when the injury occurred) and describe the nature of the injury. **Do not include names or other personal identifying information regarding the injured person or other involved parties.**

____
____
____
____
____
____
____

(continued over)

15. Type of injury. Please check all that apply:

- ☐ Fracture or dislocation
- ☐ Allergic reaction
- ☐ Bite or sting
- ☐ Bruise or contusion
- ☐ Concussion
- ☐ Cut or laceration
- ☐ Undetermined
- ☐ Heat or cold (e.g., heat exhaustion, hypothermia)
- ☐ Muscle strain
- ☐ Psychological or mental health issue
- ☐ Viral or bacterial infection
- ☐ Other, please specify: ____________________

16. What body part(s) were injured? Please check all that apply:

- ☐ Head, neck, and/or face
- ☐ Torso, please specify:
  - ☐ Abdomen ☐ Back ☐ Chest ☐ Hip
- ☐ Upper extremity, please specify:
  - ☐ Arm ☐ Fingers ☐ Hand ☐ Shoulder ☐ Wrist
- ☐ Lower extremity, please specify:
  - ☐ Ankle ☐ Foot ☐ Knee ☐ Legs ☐ Toes
- ☐ Internal
- ☐ Other, please specify: ____________________

17. Where was the person treated? Please check all that apply:

- ☐ Taken to hospital
- ☐ Off-site medical facility (e.g., emergency room, physician's or dentist's office)
- ☐ On-site by paramedics
- ☐ Other, please specify: ____________________

18. Was injured person sent home? ☐ Yes ☐ No

19. Were commissioners and parents contacted and informed of injury? ☐ Yes ☐ No

20. If yes, please check all that apply:

- ☐ Sport Commissioner
- ☐ Team Head Coach
- ☐ WPBGC Board Member
- ☐ Parent or Legal Guardian
- ☐ Other, please specify: ____________________

Briefly explain changes implemented as a result of this incident. If no changes were made, please explain why not.

____

____

____

____

Signature____________________ Date____________________