

WASILLA YOUTH BASEBALL INJURY REPORT

THIS DOCUMENT WILL BE USED TO REPORT INJURIES TO PLAYER, COACHES OR PERSON ATTENDING BASEBALL GAMES OR PRACTICE AT WASILLA YOUTH BASEBALL. A REPORTABLE INJURY IS IDENTIFIED AS AN INJURY THAT CAUSES CESSATION OF PARTICIPATION IN THE CURRENT GAME OR PRACTICE AND PREVENTS THE PLAYER'S RETURN TO THAT SESSION.

WYB INJURY REPORT IS ALWAYS REQUIRED WHEN EMS IS CALLED FOR PLAYER, COACH OR PERSON.

Report Date

INJURED PERSON				
NAME OF INJURED PERSON				
PLAYER <input type="checkbox"/>		COACH <input type="checkbox"/>		PARENT/SPECTATOR <input type="checkbox"/>
INJURY DATE	TIME OF INJURY:			
TEAM:	DIVISION:			
SIGNIFICANCE OF INJURY:				
INSIGNIFICANT	SERIOUS	CRITICAL	LIFE THREATENING	UNKNOWN
INJURY OCCURRED DURING:				
PRACTICE	SCRIMMAGE	GAME	OTHER	
Describe Injury:				
Was there Loss of Consciousness?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how long: <input type="text"/>
Was EMS called?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	How long before they arrived? <input type="text"/>	
Was Injury Patient Transferred?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Hospital? <input type="text"/>	
DESCRIBE SITUATION AND INJURY:				
PLEASE PROVIDE A DETAIL DESCRIPTION. ATTACHED ADDITIONAL SHEETS AS NECESSARY				
PARENT/GUARDIAN/RELATIVE CONTACTED:			<input type="text"/>	
NAME OF PERSON COMPLETING THIS FORM?			<input type="text"/>	