



ACCIDENT/INJURY REPORT

PERSONAL DETAILS:

Name: _____ Age: _____ DOB: ____/____/____
Address: _____
Parent/Guardian Name: _____
Team: _____ Coach: _____
Date of Report: ____/____/____ Completed By: _____

ACCIDENT/INCIDENT DETAILS:

Date: ____/____/____ Time: _____ Date Reported: ____/____/____
Location: _____ Witness: _____
Reported to Whom: _____

Full Accident/Incident Details:

Injury-Nature of Injury:

____ Contusion ____ Burn ____ Dislocation ____ Amputation
____ Laceration/Open Wound ____ Superficial Injury ____ Foreign Body ____ Internal Injury
____ Concussion ____ Sprain/Strain ____ Fracture ____ Dermatitis

Location of Injury:

____ Head/Face ____ Eye ____ Internal Organs
____ Hand/Finger ____ Shoulder/Arms ____ Trunk (other than back)
____ Hip/Leg ____ Foot/Toes ____ Back
____ Other (state)

Results of Accident:

Was first aid rendered? ____ Yes ____ No If yes, by whom/date/time: _____

Describe first aid: _____

Was medical attention needed/received? ____ Yes ____ No

If yes, describe medical attention. If unknown, please state: _____

EMERGENCY CONTACT INFORMATION:

Person Contacted/Relationship: _____

Address: _____ Phone: _____

Contacted by: _____ Date: ____/____/____ Time: _____

Report received by OCSC on: ____/____/____

Received by: _____

