

FLORENCE TOWNSHIP RECREATION DEPARTMENT

Injury-Incident Report Form

This report must be submitted to the Recreation Director within 72-hours of injury.

Date of Injury _____ Time of Injury _____ Event _____

Facility Location _____

NAME OF INJURED INDIVIDUAL: _____ Age ____ Sex ____

At Time of Injury: Player ____ Coach ____ Official ____ Game Assistant ____ Spectator ____

Address and Telephone _____

Name(s) of Parent(s) _____

Sports Organization _____

Coaches at Site _____

Occasion (What was the situation and exact location at the time of the injury) _____

Injured Part(s) of Body – (Indicate Left/Right) _____

Type of Injury (Bruise-Fracture-Sprain, Concussion, Etc.) _____

Incident Description _____

Witnesses (Names-Address-Telephone-Player-Coach-Etc.) _____

Medical Care (Check All That Apply): 1st Aid ____ EMT ____ Hospital ____ Taken Home ____

Parent(s) Notified (Yes-No): Mother ____ Father ____ Came To Site: Mother ____ Father ____

Report Prepared By _____ Position _____

Date Report Prepared _____