

BBA ACCIDENT/INCIDENT REPORT FORM

Date of incident: _____

Time: _____ AM/PM

Activity:

Game: _____

Practice: _____

Other: _____

Location: _____

Name of injured person: _____

Address: _____

Phone Number(s): _____

Date of birth: _____ Male / Female

Description of injury / Body part injured: _____

Details of incident (use back if needed): _____

Action taken (circle):

No Care Given: Not needed Patient refused

Released and informed: To Parent To Other:

Referral: To Doctor To EMS To Dentist Other

EMS required: YES NO

Injury requires physician/hospital visit? Yes ____ No _____

Name of physician/hospital: _____

Address: _____

Physician/hospital phone number: _____

Team: _____

Coach: _____

Witness Information (Confidential): Name, Telephone number and Email on the back.

Return this form to the BBA Secretary within 48 hours of incident.