Saratoga Miss Softball
Injury Report Form

Injury details: *This report reflects an accurate record of the injured person's reported symptoms of injury*

Name of person injured:	DOB: (Day/Month/Year) / /
Date when injury occurred: / /	Date when injury is evident: / /
Person injured: ☐ Athlete ☐ Coach ☐ Other:	Gender: ☐ M ☐ F
Supervising coach: _____ (Signature)	Witness: _____ (Signature)

First aid provided by: _____ (Signature)

Time of first aid: :

Initial treatment:

☐ No treatment required

☐ **OTHER:**

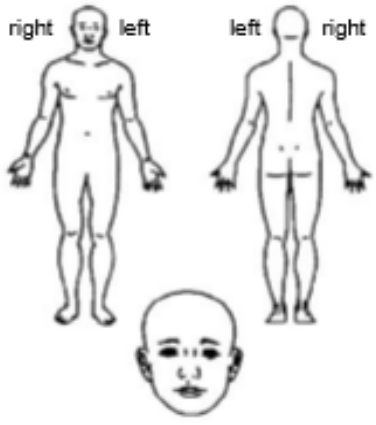
Nature of injury:
☐ New injury ☐ Aggravated injury
☐ Recurrent injury ☐ Other:

Did the injury occur during…
☐ **PRACTICE** ☐ **GAME** ☐ **TOURNAMENT** ☐ Other:

Symptoms of injury:

☐ Blisters	☐ Inflammation/swelling	☐ Spinal injury
☐ Bleeding nose	☐ Cramp	☐ Cardiac problem
☐ Bruising/contusion	☐ Suspected bone fracture/break	☐ Electrical shock
☐ Cut	☐ Dislocation	☐ Burn
☐ Graze/abrasion	☐ Concussion/head injury	☐ Insect bite/sting
☐ Sprain	☐ Loss of consciousness	☐ Poisoning
☐ Strain	☐ Respiratory problem	☐ Other:

Body part injured:



How did the injury occur?

Was protective equipment worn on the injured body part? ☐ Yes ☐ No

Follow up action:
☐ None ☐ Medical practitioner ☐ Hospital
☐ Ambulance ☐ Other:

Signature of person completing form: Date: / /

Updated 2/26/2016