

St. Peter Sports Program Accident / Injury Report Form

Injured: _____ Age: _____ Sex: _____

Address: _____

City/State/Zip: _____

Phone: _____

Association with the program: _____

Description of injury: _____

Action taken: (check all that apply)

_____ A. None required.

_____ B. Parent(s) called at _____ am/pm by: _____

_____ C. First aid given by: _____

Describe: _____

_____ D. Ambulance called at _____ am/pm by: _____

_____ E. Injured taken to: _____

by: _____ at _____ am/pm

Date: _____ Place of Accident: _____

Description of circumstances: _____

Witnesses: (1) _____ Phone: _____

(2) _____ Phone: _____

Date of Report: _____ **Prepared by:** _____

Signature: _____