



Injury / Incident Report

Injured/Affected Person:		(<input type="checkbox"/> Player <input type="checkbox"/> Referee <input type="checkbox"/> Coach <input type="checkbox"/> Spectator <input type="checkbox"/> Other)	
Last Name:		First Name:	MI
Address:			
City:		State:	Zip
Telephone:		Male/Female	
Incident Information:		(<input type="checkbox"/> Injury <input type="checkbox"/> Altercation <input type="checkbox"/> Property Damage)	
Field:		Date:	Time:
Team #1:		Coach:	
Team #2:		Coach:	
Body Part Injured:		Primary Injury:	
Where did it occur:		<input type="checkbox"/> Released <input type="checkbox"/> Referred to Doctor <input type="checkbox"/> EMS Transport	
Describe what happened:			
Describe first aid or what was done to mitigate the incident:			
Witness Information:			
Name:		Address:	Telephone:
Name:		Address:	Telephone:
Name:		Address:	Telephone:
Person Submitting Form:			
Name:		Signature:	Date:
Coach/Manager/Referee:		E-mail:	Telephone:

This form shall be completed the same day the incident occurs. If a player or other individual is transported via ambulance, the HSC Coach Administrator, or Technical Director must be contacted by telephone.

Forward completed form to the HSC Coach Administrator.