

Incident Report SAWHC,LTD

Report Date:	Team Name:	
Coach Name:	Coach Phone #:	
Manager Name:	Manager Phone #:	

Name of Player Injured	
Parents Name	
Parents Phone Number	

Date of Accident	
Location of Accident	
Time of Accident	

1. Did this accident occur as part of a club function or activity (practice, party, meeting, game etc.)? Yes | No

2. Was a team official present when the accident occurred? Yes | No

3. Was first aid administered	? If Yes,	by whom	
and what first aid was given.	Explain:		

4. Did injured individual require immediate professional medical assistance? Yes | No

5. Did individual receive a medical examination after the incident? Yes | No

Please describe the nature of the injury

Please describe what occurred and the circumstances under which this accident took place (attach extra pages if necessary)

Print Name of Team Official completing this document

Signature of Team Official completing this document

Date

Please send a copy of this document to the Club President immediately upon completion of report