



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

