



MVGS Report of Injury

This report is to be completed by:

Coach, Official or Umpire For: incidents occurring during regular, pre-season or post- season team activities

Director or Sponsor: For incidents occurring during tournaments or special events

Director or Coach: For incidents occurring during camps or clinics

1. General Information

DATE AND TIME OF REPORT: _____

REPORTER'S NAME: _____ POSITION: _____

HOME ADDRESS: _____

PHONE (H): _____ PHONE (W): _____

PHONE (CELL): _____ EMAIL: _____

EVENT/ACTIVITY: _____

DATE AND TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____

2. Provide full description of all events leading up to and including the incident:

3. Witnesses

Full Name Address Statement Attached (Y/N)

4. Who responded to the incident (Coaches, Parents, Security, Paramedics, Police, etc.):

5. If an Injury is involved, please provide the following:

Injured Person's Name: _____ Age: _____

Address: _____

Phone (H): _____

Team Name/Head Coach/Manager: _____

Position: ___ Player ___ Coach ___ Official ___ Spectator ___ Other: _____

6. Describe injury (specify where on body, right or left side):

7. Was First Aid treatment required? _____

8. If yes, who provided First Aid treatment?

9. Other Comments:

Verification Statement: By signing this document, I verify that this report is true and correct to the best of my knowledge.

Reporter's Signature: _____ Date: _____