

DARTMOUTH DISTRICT MINOR BASEBALL ASSOCIATION
INJURY REPORTING FORM

Date of report: _____ Report Prepared By: _____

Athlete's Name: _____

Nature of injury: _____

How did the injury occur? _____

Was protective equipment worn at the time of injury? No _____ Yes _____
Type of equipment: _____

Medical Care Provided:

Describe immediate first aid care given in detail.

On-Site First Aid Given By Whom?

Sent to Doctor? _____

Doctor's Name: _____

Sent to Hospital? _____

Hospital's Name: _____

How was athlete transported to doctor/hospital? _____

Was parent notified? Yes _____ No _____ Time Notified: _____

How was parent notified? _____ Who notified parent? _____

Result of Injury (treatment, time away from sport, etc)

Corrective Actions Taken to Prevent Similar Incidents

Remarks

Witnesses

Name : _____ Phone: _____

Name : _____ Phone: _____

Report Preparer Signature : _____ Phone: _____

Coach Signature : _____ Phone: _____