



EAST BAY WARRIORS FOOTBALL & CHEER INJURY REPORT



INJURED PERSON

FIRST NAME: _____ LAST NAME: _____ MI: _____

AGE: _____ GENDER: _____ PHONE #: _____ DOB: _____

ADDRESS: _____

MOTHER'S NAME: _____ PHONE#: _____

FATHER'S NAME: _____ PHONE#: _____

WERE PARENTS: () NOTIFIED () PRESENT WHEN INJURY TOOK PLACE?

RELEASED TO: () AMBULANCE () PARENT/CAREGIVER _____

SIGNATURE REQUIRED _____

INJURY INFORMATION

DAY OF INCIDENT: _____ DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

LOCATION OF INJURY: _____

DESCRIPTION: _____

RECEIVED MEDICAL TREATMENT?: () FIRST AID () REFUSED TREATMENT

DESCRIBE MEDICAL ATTENTION OR ACTION TAKEN: _____

WITNESS INFORMATION

COACH'S NAME: _____

WITNESS #1 NAME: _____

WITNESS # 2 NAME: _____

EMT PROVIDING CARE: _____

PRESIDENT/BOARD MEMBER _____

