INJURY INCIDENT REPORT

All injuries must be reported within 24 hours of incident or void.

PLEASE PRINT CLEARLY

DATE: _____ TIME: _____

PLAYER'S NAME:_____JERSEY # _____ REG # _____

PARENT'S NAME: _____

PHONE NUMBERS: (home)_____(work)_____

TEAM NAME: _____ AGE GROUP: _____

COACH'S NAME: _____ PHONE #_____

GAME LOCATION: _____ TIME: _____

WITNESS(ES): _____ _____

Nature of Injury: _____

_____

_____

_____

Outcome of Injury: _____

_____

Paramedics?: YES NO Hospitalization?: YES NO

Coach's signature:_____Commissioner signature: _____

Reported to Milpitas PAL Officer:_____Date:_____Time: _____

Milpitas PAL – General Police Department # 408-586-2400 ask for PAL Officer