

# ***Vernon Girls Softball League***

## **Accident / Injury Report**

This form must be completed for injury or accident that requires ANY medical attention.  
Once completed, this form must be filed with the league office within 48 hours.

Injured Player:	Age:	Sex:
Address:	Phone:	
City:	State:	Zip:

Type of participant (ie: player, coach, parent, bystander)		Accident Date:
Accident Time AM  PM	Place of accident:	League activity (ie: practice, game)
Description of Injury:		
Description of Circumstances:		

### **Action(s) Taken - Check all that apply**

<b>No action Required</b>	
Parent(s) present at time of accident/injury	
Parent(s) not present at time of accident/injury. (check box below & complete call info)	
Parent(s) called by:	Call time:
First Aid administered by:	
Description of treatment:	
Ambulance Called At:	By:
Injured Taken to:	By:
Other(s) Notified:	By:

Witness 1:	Phone:
Witness 2:	Phone:

Document Prepared By:	Report Date:
Preparer's Signature:	
Injured's/Parent/Approved Guardian Signature:	