

WEST MOUNTAIN



BASEBALL ASSOCIATION

INJURY REPORT

Date of Occurrence		Time of Occurrence			Date Reporting Occurrence			
Location of Occurrence (ball park or facility, city)		Owner of the Premises Where Injury Occurred		Person in Charge at Time of Occurrence		Permit Holder's Name (if applicable)		
Name of Injured Person		Age	Sex	Address		City	Postal Code	Telephone
Name of Injured Person's Parent or Guardian if under 18		Address		City	Postal Code	Telephone		
Role of Injured party (player, coach, spectator, etc.):	Part of Body Injured	What happened to cause the injury?						
Describe Injury:								
First aid (what steps were taken immediately following the incident)?								
Further Treatment – hospital or doctor's attention required?				Was parent/guardian called? If so, who?				
Was the patient transported for medical treatment? If so, by what means (ambulance, parent/guardian's vehicle, etc.)?				What medical facility was the patient treated at?				
Who treated the patient (name of doctor/dentist, etc.)?				Any other information to report?				
Name of Person Submitting This Report:				Position with Association:				
Email Address:				Telephone #:				