

WEST BEND LITTLE LEAGUE

INJURY REPORT FORM

NAME OF INJURED:

PARENT/GUARDIAN:

ADDRESS:

PHONE NUMBER:

TEAM NAME:

COACH:

DATE:

TIME (AM/PM)

PLACE/FIELD WHERE INJURY OCCURRED:

POSITION WHEN INJURED:

TYPE OF TREATMENT:

CAUSE OF INJURY:

HOW COULD INJURY HAVE BEEN PREVENTED:

WHEN TO FILE:

1. Anytime a player is removed from a game or practice due to injury.
2. Anytime a player seeks medical attention due to a baseball/softball associated injury (including treatment that occurs at a later date due to delayed symptoms)
3. Anytime a coach, umpire or spectator requires first aid.

HOW TO FILE:

1. Complete form within 48 hours of incident
2. Contact league safety officer and president (See Safe Summary on WBLL Website)
3. Email form to safety officer