

**WEST BEND LITTLE LEAGUE**  
**INJURY REPORT FORM**

NAME OF INJURED PERSON: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS OF INJURED PERSON: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_ COACH: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME (AM/PM) \_\_\_\_\_

PLACE/FIELD OF ACCIDENT: \_\_\_\_\_

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. (This would include when treatment is received at a later date due to delayed symptoms of injury).
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, league president or league administrative assistant (see ASAP plan on WBLL website "Safety" for contact information).
3. Email form to safety manager or place in mailbox.