

# HKYFA ACCIDENT/INCIDENT REPORT

(A Legal Document)

**Complete this report and send to the Safety, Field & Home Game Coordinator immediately.**

PLAYER/CHEERLEADER or VISITOR NAME		ACCIDENT or INCIDENT <i>(circle one)</i>
ADDRESS:		
FOOTBALL PLAYER / CHEERLEADER <i>(circle one)</i>	SQUAD	AGE
PARENT/GUARDIAN NAME		
ADDRESS <i>(if different from above)</i>		
DATE OF OCCURRENCE	TIME OF OCCURRENCE	a.m. / p.m. <i>(circle one)</i>
WHERE DID THE ACCIDENT or INCIDENT OCCUR?		
WAS THE AREA UNDER SUPERVISION?		
NAMES OF STAFF / COACHES ON DUTY		
CAUSE OF ACCIDENT		
ATTENTION GIVEN TO INJURY BY STAFF or COACHES		
ATTENTION GIVEN TO INJURY BY EMT/EMS <i>(if any)</i>		

\_\_\_\_\_  
*Signature of person completing report*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Safety Coordinator*

\_\_\_\_\_  
*Date*

**\*RETURN TO PLAY APPROVAL**

\_\_\_\_\_  
*Signature of Safety Coordinator*

\_\_\_\_\_  
*Date*

*\*Return to play signature is required before child can participate in activities*