

# PWSI ONSITE INJURY REPORT FORM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Injured Player) Mo. Day Year

ADDRESS: \_\_\_\_\_  
Street City State Zip

TELEPHONE: \_\_\_\_\_  
Home Work

NATURE AND EXTENT OF INJURY: \_\_\_\_\_  
\_\_\_\_\_

HOW DID INJURY OCCUR? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE FIRST AID GIVEN, INCLUDING NAME(S) OF ATTENDEE(S):  
\_\_\_\_\_

DISPOSITION: \_\_\_\_\_ TO HOSPITAL: \_\_\_\_\_ TO HOME: \_\_\_\_\_ TO PHYSICIAN  
\_\_\_\_\_ OTHER:

DESCRIBE PROTECTIVE EQUIPMENT BEING WORN:  
\_\_\_\_\_ SHINGUARDS \_\_\_\_\_ MOUTH GUARD SAFETY GLASSES

FILED LOCATION/CONDITION OF PLAYING SURFACE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature) (Printed Name) (Date) (Telephone #)