



## ON-SITE INJURY REPORT FORM

Date: \_\_\_\_\_ Location of Injury: \_\_\_\_\_

Name: \_\_\_\_\_ USAH # \_\_\_\_\_

Address: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Apparent nature and extent of injury: \_\_\_\_\_

How did injury occur? \_\_\_\_\_

Injured Person:      Player \_\_\_\_\_      Coach \_\_\_\_\_      Referee \_\_\_\_\_

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On site First Aid and Attendees: \_\_\_\_\_

Disposition:    Hospital      Physician      Home

Other: \_\_\_\_\_

WAS ALL PROTECTIVE EQUIPMENT WORN?      Yes      No

Comments: \_\_\_\_\_

Condition of playing surface: \_\_\_\_\_

Any witnesses?

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Other Comments \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

**Please Return this form to SJHA Registrar - [admin@sjha.com](mailto:admin@sjha.com)**