TOWN 'N COUNTRY BASEBALL

INJURY REPORT

INFORMATION OF PERSON COMPLETING REPORT:

First and Last Name:		Your Position Title:	
Email Address:		Cell Phone Number:	

INJURED PERSON INFORMATION

First and Last Name:		Date of Birth:	
Home Address:			
Email Address:		Cell Phone Number:	
Team Name *If Applicable*		Age Division *If applicable*	
Describe the Injured Persons relation to the park: ☐ Player ☐ Parent/Guardian ☐ Coach ☐ Umpire ☐ Park Visitor ☐ Volunteer (other than Coach/Board Member)			
Date of Injury:		Time of Injury:	
Location of Injury (example: Field 1, Concession Stand, Batting Cages, etc):			

INJURY

☐ ABRAS
☐ HEART ATTACK ION
☐ ANIMAL BITE/ATTACK
☐ BRUISE/BLACK EYE
☐ CONCUSSION
☐ CONTUSION
☐ DENTAL
☐ DISLOCATION
☐ DISMEMBERMENT
☐ EPIPHYSES
☐ FATALITY
☐ FRACTURE
☐ HEATSTROKE
☐ HEMORRHAGE
☐ INSECT BITE
☐ LACERATION
☐ PUNCTURE
☐ RUPTURE
☐ SPRAIN
☐ UNKNOWN
☐ OTHER:
_____

CAUSE OF INJURY

PART OF BODY – Select all that apply

☐ ABDOMEN
☐ ANKLE ___Left___Right
☐ ARM ___Left___Right
☐ BACK
____ Upper ____Middle ____Lower
☐ CHEST
☐ EAR ___Left___Right
☐ ELBOW ___Left___Right
☐ EYE___Left___Right
☐ FACE
☐ FINGER Which One?_____
☐ FOOT ___Left___Right
☐ HAND ___Left___Right
☐ HEAD
___Top ___Side ___Back
☐ HIP ___Left___Right
☐ KNEE ___Left___Right
☐ LEG ___Left___Right
☐ LIPS
☐ MOUTH
☐ NECK
☐ NOSE
☐ SHOULDER ___Left___Right
☐ SIDE ___Left___Right
☐ TEETH ___Top___Boytom
☐ TESTICLE
☐ TOE Which one? _____
☐ WRIST ___Left___Right
☐ UNKNOWN

INCIDENT DESCRIPTION

Please provide a brief statement of the injury. Please use the back of the page if you need additional space.

TREATMENT DETAILS

☐ None ☐ First Aid ☐ Hospital ☐ Public Emergency (911) Called ☐ Referred to Medical Doctor

☐ Other:_____

If player was referred to medical doctor or hospital, parent/guardian must present a doctor's release prior to being allowed to return to practices/games

REPORT AND ANY SUPPORTING DOCUMENTATION SHOULD BE PROVIDED TO EXECUTIVE BOARD MEMBER FOR INVESTIGATION