

List the coaches/employee(s) who administered first aid _____

Was 911 called? yes no

If yes, please check-off who responded and state exactly what each unit did

Police _____

Report # _____

Fire _____

Ambulance _____

If the injured party refused treatment, they must sign here _____

Injured party's disposition

Remained in the area Released to Parent/Guardian
 Left with assistance Released to Ambulance/Fire
 Advised to seek further medical attention

Left under own power

Injured party's destination

Home Doctor Hospital Other _____

Witnesses:

| Name | Address | City | Zip | Phone |
|------|---------|------|-----|-------|
| | | | | |
| | | | | |
| | | | | |

| | |
|-------------------------------|------------|
| Coach's Signature _____ | Date _____ |
| Coordinator's Signature _____ | Date _____ |
| Supervisor's Signature _____ | Date _____ |

Follow-Up

Please list dates/times of unsuccessful calls

Busy No-Answer Left Message

Busy No-Answer Left Message

Busy No-Answer Left Message

Date & Time of successful call _____

Person Contacted _____

Condition of the injured party _____