



# On-Site Injury Report Form

{One copy retained by home organization and one copy sent to HJK Secretary within 5 days of injury}

Name \_\_\_\_\_ Date of injury \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Telephone (h) \_\_\_\_\_ (o) \_\_\_\_\_

Nature of injury \_\_\_\_\_

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

Describe first aid given, including name(s) of attendee(s) \_\_\_\_\_

Disposition (circle one)      to hospital              to home              to physician  
Other (explain) \_\_\_\_\_

Was protective equipment worn?      Yes      No  
Explanation \_\_\_\_\_

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

**Names and addresses of witnesses:**

Name                      Street                      City                      State                      Telephone

Name                      Street                      City                      State                      Telephone

Name                      Street                      City                      State                      Telephone

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title/Position