

# INJURY/INCIDENT REPORT FORM

## Oceanport Recreation

ASSOCIATION/ PROGRAM: ☐ Baseball ☐ Basketball  
☐ Roller Hockey ☐ Soccer  
☐ Action Camp

Date in Injury/Incident: \_\_\_\_\_ Location: \_\_\_\_\_

Involved: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
\_\_\_\_\_

Association with Program: \_\_\_\_\_  
(ie: spectator, coach, counselor, or youth)

Description of Injury/Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action Taken: (*check all that apply*)

\_\_\_\_\_ a. None required  
\_\_\_\_\_ b. Injured refused treatment  
\_\_\_\_\_ c. Parent/guardian called at \_\_\_\_\_ am/pm Caller: \_\_\_\_\_  
\_\_\_\_\_ d. First aid administered by: \_\_\_\_\_  
Describe: \_\_\_\_\_  
\_\_\_\_\_ e. Ambulance called at \_\_\_\_\_ am/pm Caller: \_\_\_\_\_  
\_\_\_\_\_ f. Injured taken to: \_\_\_\_\_ via: \_\_\_\_\_  
\_\_\_\_\_ g. Others notified: \_\_\_\_\_ at \_\_\_\_\_ am/pm  
Caller: \_\_\_\_\_

Witnesses: (1) \_\_\_\_\_ Phone: \_\_\_\_\_  
(2) \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Report: \_\_\_\_\_ Prepared by: \_\_\_\_\_

Affiliation: \_\_\_\_\_ Signature: \_\_\_\_\_  
(ie: head/asst coach; counselor)

***Retain one copy for your records and submit original to the Recreation Coordinator***