



Murrieta Valley Girls Softball Association

INJURY REPORT FORM RM001

INJURED PERSON	Name: _____ Age: _____
	Address: _____ Phone: _____
	City/State/Zip: _____
	Parent notified? No Yes Time: _____
EXACT DATE/TIME/ LOCATION	Date: _____ Time: _____
	Name of Field: _____
	Where on Field: _____
DESCRIPTION OF INJURY	Describe how accident occurred. Include any statements by injured party. Use the back of this form if more room is required.
FIELD CONDITIONS	Sunny Dry Windy Dusk Cold
	Cloudy Drizzle Mud Lights Hot
INJURY LOCATION	Fracture Sprain Dislocate Other _____
	Right Arm Ankle Upper Head
	Left Leg Wrist Lower Back
TREATMENT (RESCUE)	Treated By: _____
	Describe Treatment: _____
	911 Called? No Yes By Whom? _____ Time: _____
DESTINATION TRANSPORT	Home Auto/Parent Other: _____
	Hospital Ambulance Carrier: _____

COACH'S COMMENTS	
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Person preparing report (please print): _____

Signature: _____ Date: _____

Request for League Insurance Forms? Yes No

Signature: _____

Date: _____

Player Inactive Date: _____

Medical Release Date: _____

Reinstatement Date: _____