



West Milford Little League Injury Report

All Incidents Must be Reported within 24 Hours

Date/time of injury (include a.m. or p.m.): _____

Place of injury: _____ League/Team: _____

Injured: _____ Gender: _____ Age: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Who was injured? player coach spectator other _____

Describe the injury: _____

Describe how the injury occurred: _____

Describe all action taken:

First Aid given Given by: _____

Describe treatment: _____

Ambulance called When (include a.m. or p.m.): _____

Injured taken to: _____

Injured taken by: _____

Parents called When (include a.m. or p.m.): _____

Others notified: _____

None required Treatment refused

Witness #1: _____ Phone: _____

Witness #2: _____ Phone: _____

Date of Report: _____ Reported by: _____

Signature: _____