

Tierra Canyon Girls Softball

INJURY REPORT

Date of Injury _____ Time of Injury _____

Name of Injured Player

Mgr. Name _____ Division _____ Team# _____

Brief Description of Incident

Medical Treatment Given (including First Aid)

MANAGER'S SIGNATURE

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN PHONE NUMBER _____

THIS FORM MUST BE COMPLETED FOR EACH INJURY THAT OCCURS
AND RETURNED TO THE SAFETY DIRECTOR OR ANY BOARD MEMBER AS
SOON AS REASONABLY POSSIBLE.