

Santa Monica Little League Injury Report Form

Injured Person's Name: _____ Date of Injury: _____

Location Injury Occurred: _____ Time of Injury: _____

Address of Injured Person: _____

Phone Number: _____ Parent/Guardian's Name: _____

Body Part(s) Injured: _____

Description of injury: _____

Describe how injury occurred: _____

Was first aid required? (Yes / No) If yes, what? _____

Was professional medical treatment required? (Yes / No) If yes, what? _____

(If yes, the player must present a non-restrictive medical release prior to being allowed in a game or practice.)

Could this incident have been avoided? (Yes / No) If yes, how? _____

Witness: _____ Phone Number: _____

This form is for Santa Monica Little League purposes only, to identify safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an injury occurs, obtain as much information as possible. For all reports of injuries requiring professional medical treatment, the parent/guardian and a League Official will complete and forward the official Little League Baseball Accident Notification Form to the SMLL Safety Officer or President. The form is available from the Safety Officer or at <http://www.littleleague.org>. The completed Accident Notification Form will be sent to Little League Headquarters in Williamsport within 20 days of the injury. Also, the District 25 Safety Officer will receive a copy for District files. All personal injuries requiring professional medical treatment should be reported to Williamsport as soon as possible.

Prepared By: _____ Position: _____

Signature: _____ Phone Number: _____

Date: _____

Please forward this completed Injury Report Form to the SMLL Safety Officer within 48 hours of having knowledge of the accident/injury.