

# Community Baseball Game Injury Report

## Game Information

Date of Game

Location

Team

Opposing Team

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## Injured Person Information

Name

Age

Role

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## Injury Details

Date of Injury

Time of Injury

Injured Body Part(s)

Type of Injury

Describe How the Injury Occurred

Immediate Treatment/First Aid Given

Was Injured Person Taken to Hospital/Clinic?

Name of Medical Provider (if applicable)

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### **Witnesses (if any)**

Witness Name(s)

Witness Contact Info

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### **Report Completed By**

Name

Role/Position

Contact Info

Date