SACRED HEART OF CASTLETON CYO BASKETBALL

PO BOX 32, CASTLETON NY 12033

INITIAL INJURY OR INCIDENT REPORT

PLAYER'S NAME_____DATE OF BIRTH_____

ADDRESS_____

STATE_____ZIP CODE_____PHONE #_____

LEVEL OF PLAY &TEAM_____

DATE, TIME, & PLACE OF INCIDENT_____

HEAD COACH_____ASSISTANT COACH_____

WITNESSES (IF ANY)_____

TYPE OF INJURY_____

DESCRIBE HOW INCIDENT OR INJURY OCCURRED_____

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ACTION TAKEN: (ICE PACK, BANDAGES, HOSPITAL, ECT.) _____

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_____	_____	_____
SIGNATURE OF PERSON MAKING REPORT	DATE	PHONE #
_____	_____	_____
REVIEWED BY	TITLE	PHONE #