

## Pitman Athletic Association Injury Report Form

Date of Injury: \_\_\_\_\_ Place of Injury: \_\_\_\_\_

Injured: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Association with Program: \_\_\_\_\_  
(e.g. spectator, coach, athlete)

Location/Description of Injury: \_\_\_\_\_

Description of Circumstances: \_\_\_\_\_

Injury Occurred During: \_\_\_Practice \_\_\_Scrimmage \_\_\_Game \_\_\_Other

Action Taken: (check all that apply)

\_\_\_\_\_ a. none required        \_\_\_\_\_ b. injured refused treatment

\_\_\_\_\_ c. parent(s) called at \_\_\_\_\_ am / pm    Caller: \_\_\_\_\_

\_\_\_\_\_ d. first aid given by: \_\_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_ e. ambulance called at \_\_\_\_\_ am / pm    Caller: \_\_\_\_\_

\_\_\_\_\_ f. injured taken to: \_\_\_\_\_

via: \_\_\_\_\_

\_\_\_\_\_ g. others notified : \_\_\_\_\_ at \_\_\_\_\_ am / pm

Caller: \_\_\_\_\_

Witnesses: (1) \_\_\_\_\_ Phone: (        ) \_\_\_\_\_ - \_\_\_\_\_

(2) \_\_\_\_\_ Phone: (        ) \_\_\_\_\_ - \_\_\_\_\_

Date of Report: \_\_\_\_\_ Prepared by: \_\_\_\_\_

Signature: \_\_\_\_\_

*Retain one (1) copy of this report for your records and submit one copy to PAA Safety Official.*