Richfield Parks & Recreation Injury Report

Name of Injured:	Date:
Address:	Time:
Sport: Team: Youth Adult	Location:
Phone Number: (Home/Cell) (Work)	Filled out by:
Insurance: Yes No Gender: Male Female	

Injury Classification: New Recurrent Chronic Other: _____

Nature of Injury: Bleeding Bruise Concussion Contusion Dislocation Fracture Laceration Strain Sprain Swelling Shock Other: _____

Location of Injury: Head Nose L -Eye- R L -Ear- R Mouth/Teeth Neck upper -Back- lower Hip/Waist L -Shoulder- R L -Elbow- Right L -Wrist- R L -Hand- R L -Finger- R L -Leg- R L- Knee- R L - Ankle- R L -Foot- R L -Toes- R Other: _____

Detailed Description of Injury:

Primary Care given: Surveryed Scene Ice Provided Checked for Shock Police EMS

Primary Care given by: Position:

Secondary Care given: Surveryed Scene Ice Provided Checked for Shock Police EMS

Secondary Care given by: Position:

Transportation: Spouse Parent Friend Teammate Personal Vehicle Police Ambulance

Transported by:

Witnesses	Address, City, State, Zip Code	Phone Number
A:		
B:		
C:		

Follow Up Conversation	Detailed Description of Care Given:
By:	
Date:	

No -Hospital- Yes
No -Surgery- Yes
No -Played Since- Yes

If Medical Care Refused by Injured Person, Signature Required!!

X Date:

Comments: