



# Murrieta Valley Girls Softball Association

## INJURY REPORT FORM RM001

INJURED PERSON	Name: _____	Age: _____
	Address: _____	Phone: _____
	City/State/Zip: _____	
	Parent notified? No                  Yes	Time: _____
EXACT DATE/TIME/ LOCATION	Date: _____	
	Time: _____	
	Name of Field: _____	
	Where on Field: _____	
DESCRIPTION OF INJURY	Describe how accident occurred. Include any statements by injured party. Use the back of this form if more room is required.	
FIELD CONDITIONS	Sunny                  Dry                  Windy                  Dusk                  Cold	
	Cloudy                  Drizzle                  Mud                  Lights                  Hot	
INJURY LOCATION	Fracture    Sprain    Dislocate    Other _____	
	Right                  Arm                  Ankle                  Upper                  Head	
	Left                  Leg                  Wrist                  Lower                  Back	
TREATMENT (RESCUE)	Treated By: _____	
	Describe Treatment:	
	911 Called? No                  Yes                  By Whom? _____ Time: _____	
DESTINATION TRANSPORT	Home                  Auto/Parent                  Other: _____	
	Hospital                  Ambulance                  Carrier: _____	

COACH'S COMMENTS	
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Person preparing report (please print): \_\_\_\_\_

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

Request for League Insurance Forms?    Yes        No

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

Date: \_\_\_\_\_

Player Inactive Date: _____
Medical Release Date: _____
Reinstatement Date: _____