

CFJ INCIDENT REPORT FORM

Use in the event of Injury, Incident or Property Damage

<u>INJURED PERSON INFORMATION/PROPERTY DAMAGE OWNER:</u>		
Last Name _____	First Name _____	Telephone: _____
Address _____		City: _____ State: _____ Zip: _____
Age: _____	D.O.B.: _____	Male _____ Female _____
INJURED PERSON: (circle) Player Official Coach Spectator Volunteer Other		

<u>PARENT/GUARDIAN (if injured person is a minor)</u>		
Last Name _____	First Name _____	Telephone: _____
Address: _____		City: _____ State: _____ Zip: _____

Time of Incident: _____ AM / PM	Date of Incident: _____
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BODY PART INJURED (CIRCLE)	PRIMARY INJURY (CIRCLE)
Head/Scalp Wrist (L/R) Shoulder (L/R) Neck Back Nose Knee(L/R) Leg(L/R) Tooth Ankle (L/R) Finger Internal Hand(L/R) Foot (L/R) Groin Ear (L/R) Elbow(L/R) Other	Abrasion Dislocation Pain Loss of Consciousness Burn Foreign Body Seizure Dislocation Cardiac Fracture Sting/Bite Cold Injury Heat Illness Strain/Sprain Concussion Laceration Other Illness _____ Contusion Bloody Nose

LOCATION	INCIDENT
Before Practice/Game During Practice/Game Following Practice/Game On Field Concession Area Parking Area Park/Playground _____ Off Property _____	Collision (participant/spectator) Animal/insect bite/sting _____ Collision (with object) Slip/fall Collision (participant/participant) Struck by falling/flying object Struck by or caught in, on, between goal posts or goal netting Assault Property Damage Other _____

<p>Basic First Aid/ CPR/AED (indicate)</p> <p>(circle) Staff/Supervisor Coach Parent Bystander Volunteer</p> <p>_____ Name _____ Phone</p> <p>Refused; If minor, by parents</p> <p>Released to; (Circle) Parent/Guardian/Coach Carpool</p> <p>Parent Notified via: Phone call At scene</p> <p>EMS TRANSPORT If minor, parents present If minor, parents notified Unable to notify parents or emergency contacts, Message left, accompanied by another adult</p> <p>Note EMS Response Time _____</p>	<p>Describe how incident, injury or property damage occurred: (Attach a separate sheet if necessary)</p>
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Person completing this form:

Name:	Signature:	Title	Date:	Phone:
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WITNESS INFORMATION		
Name	Address	Telephone