

PWSI ONSITE INJURY REPORT FORM

NAME: _____ DATE: _____
(Injured Player) Mo. Day Year

ADDRESS: _____
Street City State Zip

TELEPHONE: _____
Home Work

NATURE AND EXTENT OF INJURY: _____

HOW DID INJURY OCCUR? _____

DESCRIBE FIRST AID GIVEN, INCLUDING NAME(S) OF ATTENDEE(S):

DISPOSITION: _____ TO HOSPITAL: _____ TO HOME: _____ TO PHYSICIAN
_____ OTHER:

DESCRIBE PROTECTIVE EQUIPMENT BEING WORN:
_____ SHINGUARDS _____ MOUTH GUARD SAFETY GLASSES

FILED LOCATION/CONDITION OF PLAYING SURFACE: _____

OTHER COMMENTS: _____

(Signature) (Printed Name) (Date) (Telephone #)