



# Roseville Girls Softball – Injury Report Form

**Injury Details:** This report reflects an accurate record of the injured person’s reported symptoms of injury.

Name of Person Injured: \_\_\_\_\_

DOB (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Date when Injury Occurred: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date when Injury is Evident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Person Injured:  Athlete  Coach  Other

Gender:  M  F

Supervising Coach: \_\_\_\_\_  
(Signature)

Witness: \_\_\_\_\_  
(Signature)

First Aid Provided By: \_\_\_\_\_  
(Name)

Time of First Aid: \_\_\_\_ : \_\_\_\_  AM  PM

**Nature of Injury:**  New Injury  Aggravated Injury  
 Recurrent Injury  Other:

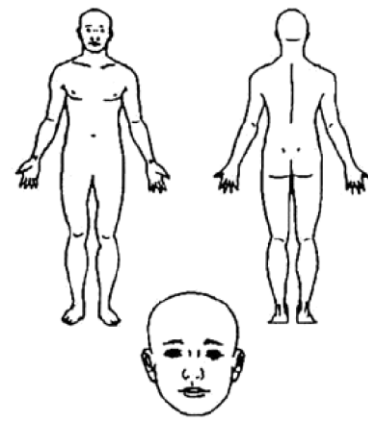
**Initial Treatment:**  No Treatment Required

**When did the Injury Occur:**  Practice  Game  
 Tournament  Other

- CPR
- RICER
- Crutches
- Sling/Splint
- Dressing
- Strapping
- Massage
- Stretching

- Symptoms of Injury:**
- Blisters
  - Bleeding Nose
  - Bruising/Contusion
  - Cut
  - Graze/Abrasion
  - Sprain/Strain
  - Inflammation/Swelling
  - Cramp
  - Suspected Bone Fracture/Break
  - Dislocation
  - Concussion/Head Injury
  - Loss of Consciousness
  - Respiratory Problem
  - Spinal Injury
  - Cardiac Problem
  - Electrical Shock
  - Burn
  - Insect Bite/Sting
  - Poisoning
  - Other: \_\_\_\_\_

### Body Part Injured:



**How did the injury occur? (Give a Summary)**

Was protective equipment worn on the injured body part?  Yes  No

**Follow-Up Action:**  None  Medical Treatment  Hospital  
 Ambulance  Other: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_

Signature of Person Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Coaching staff without medical training should refer all medical decisions to appropriately qualified persons. Do not attempt to diagnose an injury. Users of this form are advised that medical information should be treated confidential. In some states additional legislation affects the management of health records.