

BIG LAKE BAEBALL ACCIDENT REPORT

Use this form to report injury that occurs during any baseball related activity. This report should be completed within 24 hours of the injury.

NAME: _____ AGE: _____ LOCATION _____

DATE OF ACCIDENT: _____ TIME: _____ AM PM

NAME OF PARENT/GUARDIAN: _____

HOME ADDRESS: _____ TELEPHONE # _____

Describe details and location of accident:

Supervising adult: _____ Position: _____

Witnessed accident: YES NO

Accident witnesses, if any: _____

Following information to be completed by the person administering First Aid.

Describe injury:

Describe first aid given:

First aid administered by: _____
(Name) (Position)

Disposition: Player released to _____ Time _____

Parent/guardian notified by whom _____ Time _____ AM PM

Medical evaluation advised: YES NO By whom: _____

Further comments or remarks:

Follow up information:

(Copy to be sent to: BLBA, PO BOX 473, BIG LAKE, MN 55309)