

S.P.O.R.T.S. ACCIDENT REPORT FORM

12690 Promise Road

Fishers, IN 46038

317-845-5582

ACCIDENT REPORT FORM TO BE COMPLETED BY THE HEAD COACH.

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND RETURN A COPY TO THE S.P.O.R.T.S. OFFICE (FAX # 845-5687)

Date Accident Was Reported: _____

Injured Party: _____

Address: _____

City, State, Zip: _____

Home Phone Number: _____

Work/Cell Phone Number: _____

Parents/Guardian information if different from injured party

Parent/Guardian: _____

Address: _____

City, State, Zip: _____

Home Phone Number: _____

Work/Cell Phone Number: _____

Date of Injury: _____

Location of Injury: _____

Where was injured party taken to for medical treatment:

Description/Cause of Injury:

Witnesses to Injury:

Name: _____

Address: _____

City, State, Zip: _____

Home Phone Number: _____

Work/Cell Phone Number: _____

Name of Person Submitting Report: _____

Name of Person Taking Report: _____