HCYP Basketball Incident Report

Incident Information

Incident Date: _____
Incident Time: _____
Location / Gym: _____
Team Name: _____
League / Division: _____
Type of Sport: Basketball
How the Incident Occurred:
_____
_____
Body Part Injured: _____

Injured Person Information

Name: _____ Male / Female
Address: _____
City: _____ State: _____ Zip: _____
Age: _____ Date of Birth: _____
Parent / Guardian Name (if minor): _____
Parent Phone: _____

Injury Classification

( ) Non-Injury ( ) Minor Injury/Illness ( ) Serious Injury/Illness
( ) Released to Parent
( ) Refusal of Care
( ) Referred to Doctor
( ) Referred to Hospital/Clinic
( ) Medical Attention Provided On-Site
( ) EMS Transport
( ) Patient Requested EMS
( ) Released to Personal Vehicle

Transport Information

If transported, provide facility name & location:
_____
_____

Insurance Information

Insurance Company (if applicable): _____

Witnesses

Witness Name: _____ Phone: _____
Witness Name: _____ Phone: _____

Coach / Manager Completion

Coach/Manager Name: _____
Signature: _____ Date: _____
Contact Phone: 410-461-7694
Email: hocoyouthsports@verizon.net