GPWF INJURY REPORT FORM

Date of Injury:	Time of Injury:	Location of Accident:	Practice ☐	Field:
Team Name:	Division:		Game ☐	Field:
Player's Name			Board Member on Duty:	

	HEAD	TRUNK		EXTREMETIES	OTHER
Body Part Injured:	☐ Ear	☐ Abdomen	☐ Ankle	☐ Lower Arm	
	☐ Eye	☐ Back	☐ Elbow	☐ Lower Leg	
	☐ Face	☐ Chest	☐ Finger	☐ Thumb	
	☐ Head	☐ Groin	☐ Foot	☐ Toes	
	☐ Neck	☐ Shoulder	☐ Hand	☐ Upper Arm	
	☐ Scalp		☐ Hip	☐ Upper Leg	
			☐ Knee	☐ Wrist	

Type of Injury:	☐ Abrasion	☐ Bite	☐ Bruise		OTHER
	☐ Burn	☐ Concussion	☐ Cut		
	☐ Dislocation	☐ Fracture	☐ Heat		
	☐ Laceration	☐ Puncture	☐ Scratch		
	☐ Shock	☐ Sprain	☐ Strain		

First Aid Given:	☐ Applied Dressing	☐ Applied Splint	☐ Ice		OTHER
	☐ Kept Immobile	☐ Stopped bleeding	☐ Observed		
	☐ Washed Wound				

Action Taken:	☐ Parent took home	☐ Transfer to hospital	☐ Parent took to doctor		
	☐ Returned to sport	☐ Parent took to ER	☐ Called 911		

Explanation of Accident:	☐ Collision with person	☐ Collision with obstacle	☐ Fall		
	☐ Hit with object	☐ Injury to self			
	Other:				

Describe: Describe specifically how the injury happened.

Witness 1:

Phone #:

Email:

Witness 2:

Phone #:

Email:

Form Submitted by:

Signature/Date

Phone:

Email:

Please attach additional comments/information on back of sheet