

Great Fort Erie Minor Baseball - Injury Report

Date of Occurrence: Time of Occurrence:

Date of Reporting: Report completed by:

Role (Coach, Umpire, Parent):

Name of Person Injured:

Age: Sex: Division:

Role of injured person (player, coach, ump) :

Parent or Guardian Name:

Address:

Phone #:

Email:

Location of incident :

Person in charge :

Describe the events and injury:

Immediate Action Taken:

Was hospital/doctor attention required? Yes No

Was patient transported for medical reasons? Yes No

If yes to the above

Who treated the patient?

How was the patient transported?

What hospital were they taken to?

Any other information to report:

Signature of Reporter:

Signature of GFEMBA Rep:
