

List the coaches/employee(s) who administered first aid \_\_\_\_\_

Was 911 called?  yes  no

If yes, please check-off who responded and state exactly what each unit did

Police \_\_\_\_\_ Report # \_\_\_\_\_

Fire \_\_\_\_\_

Ambulance \_\_\_\_\_

If the injured party refused treatment, they must sign here \_\_\_\_\_

**Injured party's disposition**

- Remained in the area       Released to Parent/Guardian       Left under own power
- Left with assistance       Released to Ambulance/Fire
- Advised to seek further medical attention

**Injured party's destination**

- Home       Doctor       Hospital       Other \_\_\_\_\_

**Witnesses:**

Name	Address	City	Zip	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Coach's Signature \_\_\_\_\_ Date \_\_\_\_\_

Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Follow-Up**

Please list dates/times of unsuccessful calls

- \_\_\_\_\_  Busy  No-Answer  Left Message
- \_\_\_\_\_  Busy  No-Answer  Left Message
- \_\_\_\_\_  Busy  No-Answer  Left Message

Date & Time of successful call \_\_\_\_\_

Person Contacted \_\_\_\_\_

Condition of the injured party \_\_\_\_\_