



Jurupa Girls Softball Injury Reporting Form



Injured Person	Name: _____ Age: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Parent Notified: _____ Yes _____ No _____ Time: _____																				
Exact Date / Time / Location	Date: _____ Time: _____ Venue: _____ Field: _____ Where on Field: _____																				
Description of injury	Describe how accident occurred. Include any statements by injured party. Use the back of this form if More room is required. _____ _____ _____ _____ _____ _____ _____ _____																				
Field Conditions	<table style="width: 100%; border: none;"> <tr> <td>Sunny</td> <td>Dry</td> <td>Windy</td> <td>Dusk</td> <td>Cold</td> </tr> <tr> <td>Cloudy</td> <td>Drizzle</td> <td>Mud</td> <td>Lights</td> <td>Hot</td> </tr> </table>	Sunny	Dry	Windy	Dusk	Cold	Cloudy	Drizzle	Mud	Lights	Hot										
Sunny	Dry	Windy	Dusk	Cold																	
Cloudy	Drizzle	Mud	Lights	Hot																	
Injury Location	<table style="width: 100%; border: none;"> <tr> <td>Fracture</td> <td>Sprain</td> <td>Dislocation</td> <td>Other: _____</td> </tr> <tr> <td>Right</td> <td>Arm</td> <td>Ankle</td> <td>Upper</td> </tr> <tr> <td>Left</td> <td>Leg</td> <td>Wrist</td> <td>Lower</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Head</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Back</td> </tr> </table>	Fracture	Sprain	Dislocation	Other: _____	Right	Arm	Ankle	Upper	Left	Leg	Wrist	Lower				Head				Back
Fracture	Sprain	Dislocation	Other: _____																		
Right	Arm	Ankle	Upper																		
Left	Leg	Wrist	Lower																		
			Head																		
			Back																		
Treatment (Rescue)	Treated By: _____ Describe Treatment: _____ _____ _____ _____																				