



A 501(c) (3) Charitable Organization

Date of incident/accident: _____ Time of incident: _____ am/pm

Name of Injured member or guest: _____ Age: _____

Age Group Division: _____

Home Address: _____

Telephone: (Home) _____ (Work) _____

Location of incident: _____

Describe in full how incident occurred and what actions were taken.

(Write everything you can remember no matter how insignificant it may seem)

Describe the injury in detail and indicate the body parts(s) affected:

Did any medically trained members (doctors, nurses) assist? Provide details.

Club members present (coaches/referees): _____

Witnesses (names & Phone No): _____

Was ambulance called? _____ Was the individual taken to the hospital? Yes / No

If yes, what hospital? _____

If no, did he/she refuse medical attention? _____

Was the family notified? _____ Who? _____

On the back of this page, please document any observations or comments regarding this incident you feel important.

Name (please print): _____ Signature: _____

Position: _____ Date: _____ Time: _____ am/pm

Follow-up notes:

Contact made by: _____

Date: _____

Condition of member:

#this form should be completed on each occasion an incident or accident occurs in which an injury is sustained by a player registered with Columbia Ravens. The completed form should be forwarded to both: Columbiaravensfootball@gmail.com; clifford15218@yahoo.com or Columbia Ravens P.O. Box 6413, Columbia, MD 21045