



# EMERGENCY

**Because we live so close to emergency services, for most serious accidents or injuries, calling 911 is the best response to an urgent situation. If someone is bleeding, not breathing, or there is significant 911 delay, the enclosed First Aid booklet can help you attend to your victim until help arrives.**

**Anytime a player injury requires medical attention, please complete the Injury Report form on the reverse side of this sheet.**



# LMYA INJURY REPORT

**TO BE REPORTED IMMEDIATELY to: Judy McNeil, 925 299-1961,  
[jhmneil@comcast.net](mailto:jhmneil@comcast.net)**

**Name of Injured:** \_\_\_\_\_ **Age** \_\_\_\_\_

**Grade** \_\_\_\_\_

- Soccer  Basketball  Baseball  Softball  Softbaseball  Teeball  
 Volleyball  Swimming

**Date of Injury:** \_\_\_\_\_ **Time of injury** \_\_\_\_\_ **Location** \_\_\_\_\_

School or Park

**Apparent nature of Injury** \_\_\_\_\_  
bruise, sprain, fainted, seizure, etc.

**Location of injury** \_\_\_\_\_  
arm (right or left), leg (right or left), head, etc.

**Cause of Injury** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**First Aid Given** \_\_\_\_\_

**Was EMT called? Y N      Ambulance? Y N      Were Parents notified? Y N**

**Witnesses** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Person child left with** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Parent Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Parent Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Name of Doctor** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Health Insurance carried by player** \_\_\_\_\_

**Coach's Name**  
**Number**

**Coach's Signature**

**Coach's Phone**

**Age Group**

**Team Name**

**Date**