

Delaware Township Athletics Association

DTAA Incident Report

Name of Injured _____ Date of Injury _____

Place of Injury _____ Age _____ Gender _____

Address _____ Phone _____

City _____ State _____ Zip _____

Association with Program (e.g.,spectator, coach, athlete) _____

Location/Description of Injury _____

Description of Circumstances _____

Action Taken (check all that apply)

___ a. none required ___ b. injured refused treatment

___ c. parents called at _____ am/pm Caller _____

___ d. first aid given by _____ Describe treatment _____

___ e. ambulance called at _____ am/pm Caller _____

___ f. injured taken to _____ via _____

___ g. others notified _____ at _____ am/pm

Caller _____

Witnesses

Name _____ Phone _____ Signature _____

Name _____ Phone _____ Signature _____

Date of Report _____

Prepared by _____ Signature _____

Parent or Guardian of Injured _____ Signature _____

Please give all incident reports to league officials ASAP. Thank you.