

PRELIMINARY ACCIDENT REPORT

(For Sherwood Basketball Organization use only)

TEAM: _____ **COACH:** _____

NAME (Injured person): _____

DATE OF INJURY: _____ TIME OF INJURY: _____

INJURED'S ADDRESS: _____

INJURED'S PHONE: _____ GYM WHERE INJURED: _____

Treatment administered (Please check all that apply):

<input type="checkbox"/> No treatment needed	<input type="checkbox"/> First aid at gym (describe below)	<input type="checkbox"/> To doctor	<input type="checkbox"/> To Hospital
Name of Doctor and/or Hospital:			
Other (explain):			

Type of accident and injury (describe in detail):

Were other players involved? _____ If so who(m)? _____

Gym conditions: _____

Was safety gear being worn (describe)? _____

Was the injured person's parent notified of the accident? _____

If so, who and when? _____

This form prepared by: _____ Signature: _____
(Print please)

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This form is for SBO purposes only. When an accident occurs obtain as much information as possible. Use the back of this form if you need more space to include more details. Complete this form and submit to an SBO Board member.

THE PURPOSE OF THIS FORM IS TO ESTABLISH A DOCUMENTED RECORD OF ALL ACCIDENTS AND PROVIDE SBO WITH PERTINENT INFORMATION.