

SKYHAWKS ACCIDENT/INJURY REPORT

Please fill out online form in your Coaches Corner Account.

**You must contact the AM/GM upon completion of this form!*

Date of Accident: _____ Time: _____ AM/PM Director: _____ Phone: () _____
Coach: _____ Phone: () _____
Sport: _____ Field/Court Name: _____ City/ST: _____

Persons Involved in the Accident or Injury

Participant's First Name: _____ Participant's Last Name: _____

Age: _____ Male / Female (circle one)

Home Address: _____ City: _____ State: _____ Zip: _____

Person Contacted: _____ Time Contacted: _____

(e.g.: mother, father, 911, emergency contact)

What activity was the participant engaged in at the time of the accident/incident? _____

Was the injured person disobeying any rules or regulations at the time of the accident? (Yes / No) If yes, explain:

Describe the nature and extent of the injury or incident. Be sure to specify the part of the body that was injured and how. Be as specific as possible. (Attach additional sheets if necessary):

Describe the Care/First Aid that was provided: _____

Who provided the Care/First Aid? _____

Did a Skyhawks employee, participant or anyone else come into contact with the victim's blood/bodily fluids? (Yes / No)

If yes, who? _____ *(Area Manager must be notified within 24 hours of exposure)*

Was the participant transported from the program site? (Yes / No) If yes, by whom and where was the participant taken?

Was the Fire Dept. Called? (Yes / No)

Was an ambulance called? (Yes / No)

Were the police called? (Yes / No)

What time did you notify the parents of the incident? _____

Was there property damage involved? (Yes / No) If yes, owner's name: _____ Phone: () _____

Describe the damage:

(Attach additional sheets if necessary) _____

Witnesses

Name: _____ Name: _____

Address: _____ Address: _____

City/State: _____ City/State: _____

Phone: _____ Phone: _____

Printed name of employee completing the report

Signature of employee completing the report

Date

In cases of extreme emergency Call 911

Contact Risk Management Dept. at 1.800.804.3509 ext. 0

Fax a copy of this report to Skyhawks at 1.888.466.2318