



3-131 Sheldon Drive | Cambridge, N1R 6S2

(519) 740-3900 | Fax: (519)740-6311

www.baseballontario.com | baseball@baseballontario.com

INJURY REPORT

Date of Occurrence		Time of Occurrence			Date Reporting Occurrence	
Location of Occurrence (ball park or facility, city)		Owner of the Premises Where Injury Occurred		Person in Charge at Time of Occurrence		Permit Holder's Name (if applicable)
Name of Injured Person		Age	Sex	Address		City
						Postal Code
						Telephone
Name of Injured Person's Parent or Guardian if under 18		Address			City	Postal Code
						Telephone
Role of Injured party (player, coach, spectator, etc.):		Part of Body Injured		What happened to cause the injury?		
Describe Injury:						
First aid (what steps were taken immediately following the incident)?						
Further Treatment – hospital or doctor's attention required?				Was parent/guardian called? If so, who?		
Was the patient transported for medical treatment? If so, by what means (ambulance, parent/guardian's vehicle, etc.)?				What medical facility was the patient treated at?		
Who treated the patient (name of doctor/dentist, etc.)?				Any other information to report?		
Name of Person Submitting This Report:				Position with Association:		
Email Address:				Telephone #:		