

**Westonka Youth Football (WYF)
Accident/Incident Report**

Participant Name: _____

Date of Accident: _____ Time of Accident: _____

Location: _____ Coach: _____

Other Staff Present: _____

Description of accident (cause; activity at time of accident): _____

Nature of Injury: _____

First aid administered: _____

Other medical assistance needed: _____

Was parent/guardian notified? Yes No If yes, how? _____

Comments: _____

Signature of Coach (present at accident): _____

Parent/Guardian Name: _____

Address: _____

Number to be reached at: _____

*(*Please indicate if number is home, work or cell.)*

Parent/Guardian Signature: _____