

PALATINE PARK DISTRICT - AFFILIATES
INCIDENT REPORT (PLAYER/SPECTATOR/GUEST INJURY)
FAX TO: 847-991-2127

Report Completed by: _____ Date of report: ____/____/____ Time of report: _____ AM
PM

Date of Incident: ____/____/____ Time of Incident: _____ AM
PM

Circle One: PBA PYB PAFA Celtic Soccer Other _____

Facility/Field where injury occurred _____ Location at Facility/Field _____

Name of Injured: _____ Phone #(_____) _____

Address _____ / _____ / _____ Age _____
street apt # city state zip code

If minor, were parents present? Yes No Were parents notified? Yes No

IF No, who was notified? _____

Describe the incident (what happened) _____

Type of Injury: Cut Sprain Bruise Abrasion Sting Other _____

Part of Body Affected (be specific): _____ Injured remain at scene? Yes No

If No, where taken within the Park District: _____

Transferred for Professional Medical Treatment? Yes No Where? _____

By who? Police Fire/Paramedics Relative Other _____

Treated at scene? Yes No Treated By: _____

Type of First Aid Treatment or Other Treatment: _____

Coach or PPD Staff on duty _____ Personally witnessed by Coach or PPD Staff? Yes No

Name of witnesses and phone #'s _____

FOLLOW-UP ACTIVITIES AND INFORMATION NECESSARY

If Paramedics are called:

* Call Kevin Romejko @ 847-705-5123 x 256 - Leave message and fax report to (847) 991-2127 immediately.

Is follow-up required by to anyone for extenuating circumstances? Yes No

Name that person _____

Was Claim Information requested? Yes No Was it provided? Yes No

Any other comments _____