



Incident and Injury Report

Please complete this form and submit it within **24 hours of the incident** to the player agent or email to playeragent@egsl.org.

Name of Person Completing Report:	
Contact Phone Number:	
Date/Time of Incident or Injury:	
Location:	

Injured Individual Information

Name of Injured Person:	
Division/Team:	
Event or Activity:	
Coach Name:	

Description of Injury or Accident

Were there any witnesses? Yes / No

Witness #1 Name/Phone:	
Witness #2 Name/Phone:	

Additional Comments:

Board Use Only

Player Agent Name:	
Date Received:	
Safety Committee Notified:	
Parent/Guardian Notified:	
Medical Release Required?	
Insurance Claim Requested?	