



## Injury Report Form

Submit this form for  
injuries that require medical attention

Name of Injured \_\_\_\_\_ Date of Injury \_\_\_\_\_

Surf Team \_\_\_\_\_ Time of Injury \_\_\_\_\_

Injury occurred at :  practice  competition  other team event \_\_\_\_\_

The injured party is a:  member  coach  official  spectator

Type of injury \_\_\_\_\_

Treatment provided \_\_\_\_\_

Medical supplies used \_\_\_\_\_

Who provided the treatment? \_\_\_\_\_

Were parents present?  Yes  No If yes, then who? \_\_\_\_\_

Were parents notified?  Yes  No If yes, then who? \_\_\_\_\_

To the best of your knowledge, did the injured party plan to obtain further treatment for the injury?  
 Yes  No

Comments \_\_\_\_\_

\_\_\_\_\_  
Form Completed By (print name)

\_\_\_\_\_  
Official position

If an insurance Claim Form is requested, please contact SSS immediately and one will be sent.  
Claims should be submitted to the insurance carrier within 30 days of the accident.