

Little League of the Islips Injury Report

Injured Person Information

Name of Injured Person		Age
Injured Person is: <input type="checkbox"/> Player <input type="checkbox"/> Volunteer Umpire <input type="checkbox"/> Other (Describe)		
<input type="checkbox"/> Manager/Coach <input type="checkbox"/> League Volunteer		
Date of Birth	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Parent Name (if Minor)
Phone Number	Address	
Division	Team	

Accident Information

Date of Accident	Time of Accident <input type="checkbox"/> AM <input type="checkbox"/> PM	Location of Accident (Field # or Area)
Name of Person Reporting & Relationship <input type="checkbox"/> Manager <input type="checkbox"/> Coach <input type="checkbox"/> Parent <input type="checkbox"/> Self <input type="checkbox"/> Other (Describe)		
Describe how the accident occurred and the nature of the injury		

Accident Occurred During Practice Scheduled Game Special Event Tournament Travel Tryouts Other (Describe)

Position on Field When Accident Occurred: Fielding Position (Specify), Running, Batting, Dugout, Coaching, etc.
Type of Injury: Laceration, Abrasion, Fracture, Contusion, Sprain, Dental, etc., If Unknown state so.
Part of Body Which Sustained Injury:
Cause of Injury: Sliding, Pitched Ball, Collision, Horseplay, Hit by Bat, Fall, etc.

Medical Treatment

<input type="checkbox"/> Ambulance Notified	Name of Ambulance Service
<input type="checkbox"/> Hospital	Name of Hospital
<input type="checkbox"/> Will Visit Private Physician	

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The little League Master Accident Policy provides benefits for REGISTERED PLAYERS and VOLUNTEERS OF THE LITTLE LEAGUE OF THE ISLIPS DURING AUTHORIZED LEAGUE EVENTS ONLY. Benefits are provided in excess of benefits from other insurance programs and are subject to a \$50.00 (fifty dollar) deductible per injury. "Other insurance programs" include a family's personal insurance, student insurance through a school or insurance through an employer for employees and family members.

To assist this league in maintaining records on this reported injury, it is requested that the injured person (or parent/ guardian if the injured is a minor under 19 years of age) submit this follow up report ONLY IF MEDICAL TREATMENT IS SOUGHT FOR THIS INJURY.

If it is anticipated that the Little League insurance will be utilized for this injury, keep a record of all subsequent medical visits and treatment. In addition, save ALL documentation.

Return this form to the clubhouse or mail to: Little League of the Islips P.O. Box 592, East Islip, NY 11730

Name of Injured Person		Age
Date of Accident	Injured Person is:	<input type="checkbox"/> Player <input type="checkbox"/> Manager/Coach <input type="checkbox"/> Volunteer Umpire <input type="checkbox"/> League Volunteer
Parents Name (if Minor)		
Phone Number	Address	

Medical Treatment

Name & Address of Hospital				
Name & Address of Personal Physician				
Date of Treatment	Will additional treatment be required for this injury	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Unknown
Diagnosis				

Primary insurance coverage for this injury will be submitted thru:

- Employer Plan YES NO
- Individual Plan YES NO
- Student Plan YES NO
- Dental Plan YES NO

The injured person has NO current insurance coverage.

Signature (Parent/Guardian if minor involved)