



Newberry County Parks & Recreation -Incident Report-

Name: _____ Phone: _____

Position: Coach Assistant Coach Field/Site Supervisor

Participant Name: _____ DOB: _____

Incident Date: _____ Time: _____ Location: _____

Sport/Activity Involved: _____

Incident Description: _____

If there was an injury, describe the injury (if concussion or head injury, describe signs/symptoms): _____

Was medical attention administered? Yes No If so, explain: _____

Was there transport to a doctor and/or hospital? Yes No If so, where? _____

Parent(s) or Legal Guardian(s) Names: _____

Signature: _____ Date: _____

Of person completing the form