



**WITNESSES:** (provide contact information to the extent possible and/or attach statements).

**FULL NAME**

**E-MAIL**

**PHONE**

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**IF INJURY INCIDENT, WHO RESPONDED:** (include all responding parties-coaches, athletic trainers, parents, campus security, paramedics, police, etc.)

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**NATURE OF INJURY:** (specify location on the body and any additional information)

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**WAS FIRST AID TREATMENT PROVIDED?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who provided? \_\_\_\_\_

What type of treatment was rendered?

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**MEDICAL REPORT ATTACHED?** Yes \_\_\_\_\_ No \_\_\_\_\_

**IF COMPLAINT, CITE SCCYAA OR LEAGUE POLICY, RULE OR CONDUCT CODE VIOLATED:**

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**Signature of reporting individual:**

**Date:**

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**Signature of SCCYAA Officer:**

**Date:**

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For questions or additional information, contact SCCYAA Standards Committee Chair Katherine Taddeo, phone - 943-2977, email – [kctaddeo@comcast.net](mailto:kctaddeo@comcast.net)