



Injury Report Form

email 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 Competed 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.