

CYO/CAMP HOWARD

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PROPERTY/PERSONAL INJURY INCIDENT REPORT To Be Completed by Certified Athletic Director, Coach or Site Monitor

NOTE: CYO/Camp Howard does not provide accident-medical insurance. Participants are responsible for their own insurance. Should emergency services be required the parent/guardians insurance coverage shall be responsible.

THIS REPORT SHALL BE FILED WITHIN 24 HOURS TO CYO

Incident Date: _____ Time: _____ Location: _____
Person or Property involved in the incident: _____ Age: _____
Location Address: _____
City: _____ State: _____ Zip: _____ Phone Number _____
Person Involved in Incident: _____ Coach [] Participant []
Name of Coach: _____ CYO Club: _____
Sport: _____ Grade _____ Sex: _____
Were the youths' parents present at the time of incident? Yes [] No []

Were the youths' parents or legal guardians notified? Yes [] No [] By Whom?: _____ Name of
Primary Health Insurance Company: _____ Name of
Hospital if transported to hospital? _____ Description
of Incident/Injury: _____

How did Incident/Injury happen? _____

What was the person doing when the accident took place? _____

Where did Incident/Injury Occur? _____ Address

Witness #1 _____ Name _____
Address _____ City,
State, Zip _____ Phone _____

_____ Name of Site Official
_____ Phone City State Zip

Witness #2 _____ Name _____ Address
_____ City, State, Zip _____ Phone _____

_____ Name(s) of Game Official(s)
_____ Phone _____

Was first-aid administered? Yes [] No [] If yes, by whom? _____ Please
describe the type of first-aid provided: _____

_____ Police/Fire
Dept. _____ Name of Officer _____ Phone: _____
_____ Phone: _____ Was Ambulance

Called? Yes [] No [] Name of Ambulance Service: _____ Report Completed by:
_____ Phone: _____