

Rancho Mission Viejo Little League

Safety/Injury Report

Date _____ Time _____

Name of Injured Person _____

Phone Number of Injured Person _____

Division _____

Type of Injury (Brief Description) _____

Action Taken: First Aid at field _____ To Doctor _____ To Hospital _____

Cause (Brief Description) _____

Person Filing Report _____ Phone Number _____

League Position _____

This form **MUST** be submitted for every major or minor injury which occurs during a Little League function, practice, or game.

Complete the form and notify the Rancho Mission Viejo Little League Safety Officer via phone call and/or email. Deliver completed form to the mailbox inside the snack bar.