



SJC Accident Report Form

This form must be completed by the Head Coach or Assistant Coach (if the Head Coach was not present) for any injury that:

- **Removes a cheerleader for an extended period from the playing field and/or the remainder of the game or practice.**
- **Involves any head injury (cheerleader must be removed for the remainder of the game or practice).**
- **Emergency personnel required to be contacted.**

This form must be completed and submitted to the President of the Snohomish Junior Cheer Board within forty-eight (48) hours from the time of injury.

Incident Details

Date of Incident: _____

Time of Incident: _____

Location: _____

Team Name: _____

Coach Present at Incident: _____

Injured Participant Information: _____

Cheerleader's Name: _____

Age: _____

Parent/Guardian Name: _____

Emergency Contact Number: _____

Description of Incident:

Activity at the Time of Injury: _____

Detailed Description of How the Injury Occurred:

Type of Injury Sustained: _____

Immediate Response & Medical Actions

- Did the cheerleader return to the activity? Yes No

- First Aid Administered? Yes No
 - If yes, by Whom? _____
 - Actions Taken: _____

- Was 911 called? Yes No

- Was the cheerleader taken to a medical facility? Yes No
 - If Yes, Which Facility? _____

Witness Information

- Name(s) of Witness(es): _____

- Contact Information: _____

Follow-Up & Next Steps

- Parent/Guardian Notified? Yes No

- Medical Clearance Required Before Returning? Yes No

- Additional Notes or Recommendations: _____

Reporting Coach Information

- Report Completed By:
- Position: Head Coach Assistant Coach

Signature: _____

Date: _____