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# 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.

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## Incident Details

Date & 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:

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Activity at the Time of Injury: \_\_\_\_\_

Detailed Description of How the Injury Occurred:

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Type of Injury Sustained:

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## 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: \_\_\_\_\_