

**PRELIMINARY ACCIDENT REPORT**

**THIS FORM MUST BE COMPLETED AND TURNED INTO THE PAL OFFICE WITHIN 72 HOURS FROM THE DATE OF THE INJURY. FAILURE TO COMPLY WILL RESULT IN THE COACH ASSUMING FULL RESPONSIBILITY FOR PAYMENT OF ALL HEALTH CLAIMS SUBMITTED BY THE PARTICIPANT.**

**REPORT DATED:** \_\_\_\_\_

**PARTICIPANT'S NAME:** \_\_\_\_\_

**PARTICIPANT'S AGE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**PARENT'S NAME:** \_\_\_\_\_

**DATE OF INJURY:** \_\_\_\_\_

**ATHLETIC PROGRAM:** \_\_\_\_\_

**COACH'S NAME & PHONE NUMBER:** \_\_\_\_\_

**PLACE OF ACCIDENT:** \_\_\_\_\_

**DESCRIPTION OF INJURY:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACTION TAKEN:**  
\_\_\_\_\_  
\_\_\_\_\_

**WAS PARTICIPANT TAKEN TO A HOSPITAL?      YES \_\_\_\_\_ NO \_\_\_\_\_**