



City of Salem Department of Parks & Recreation
Sports Office
925 Union St.
Salem, VA 24153
(540) 375-4094

INJURY REPORT FORM

Name: _____ Age: _____
(First) (M.I) (Last)

Address: _____ City: _____ Zip: _____

Name of Parent/Guardian: _____ Phone: _____

Address (If different from above): _____

Location where injury occurred: _____

Date of Injury: _____ Time of Injury: _____ AM PM

Injury: _____

How injury occurred: _____

Procedures taken following injury: _____

Facility Supervisor: _____ Date Submitted: _____

Report Checked by: _____ Date: _____

Follow Up Comments: _____
