



# US SQUASH EVENT INJURY REPORT FORM

School Name  Activity  Date of Injury

Student's Name  Grade  Time of Injury

Address  Phone

Location of Incident  Gender

Part of Body Injured

Type of Injury

First Aid Given

Action Taken

Explanation of Accident

How did the Injury happen?

Witness1

Witness1

Address

Address

Phone

Phone

Form submitted By

Date

Signature

Phone

Address