Name of Child/Y Amazina	Age:	Date & Time of Incident:									
Location of Incid	LNA	<u> </u>									
V Sports		≥ ool Gyn			structiona						
Field	Bldg 22		bein								
			er parent/guardia					rn Center			
Did not occur in CYS setting per parent/guardian         Learn Center           Description of Incident (Mark all that apply)											
Minor Cut	Bite	IL MA			Bleedin	na					
Minor Scrape X			Bruise-Mark								
Scratch	<u>,</u>	<u> </u>	Swelling			Open Wound					
Painful extre	mity	×	Head Injury		Bloody Nose Other:						
Indicate			Parent/Gua			rdia		Yes	No 🗌		
Adres	<u> </u>		Time								
( for energy		)	Of		Ype of Conta n-person,				staff		
	$\sim$		day phone, left			emergency contact)			Initials		
$  \langle A \rangle \rangle$	1 A		100.0		message)						
	1/1		1690	on si	ŁĊ	parson.		zoneon	AS		
	KI										
61 12	() ()	121	Minor First Aid Provided by CYSS								
1/ ( Read to	mb 1/1						p & Water	[			
She Rove	shan		0	Applied Band-Aid							
\ / igt d	hose \	/	×	Cold Pack							
		(	··· Acoteu								
FRONI	BACK		Other (describe)								
			itten De	eorint	ion	ofI	nident				
Describe in detail								de of form	;f		
Amazina é	inother	play	ver we	te r	w	nirg	for the	ne ball	and		
Anazing & a collided.	maring	's ef	eek h	<u>as a</u>	sm	@ \	mark .	on left	side.		
	1										
Name of CYS CO	ACH-Staff	who d	observed	l incid	ent	<u> </u>	shelie	Scart			
🖾 YES 🗆 NO	Were the	re oth	er child	ren or a	adul	lts in	volved in t	the incide	nt? If		
yes, explain how v	vithout usi	ng oth	ner child	ren's n	ame	es:	- 0 B - A	1	N 9-1		
Two dwild	trying	<del>60</del> (	zo for	- ear	ne	ba	211. Hear	ds were	nro.		
yes, explain how without using other children's names. Two durid trying to go for same ball. Heads were hit.											
Other R					esources						
911 Called	En	Emergency Room			APH			MPs			
911 Transporte		MAMC			SW			CYS	Nurse		
						CYS	Chief				
	ß			A	1						
_ Dignature here 10 62021 X											
COACH-Staff Signature & Date				Parent/Guardian Signature & Date							
TEAM NUMBER & AGE: 7-9 💞											
COACH NAME: Atte Seout				Director Signature & Date							
					JBLM CYS Sports SEP 2021						

Name of Child/Yout	Age:	Date & Time of Incident:							
Location of Incident		Program Area:							
	Sch	School Gym Instructional							
	ports Gym Bldg. 2295			1 1	Class				
Did not occur in C	er parer	t/guardia	n	Learn Cente	r				
	scription of				at apply)				
Minor Cut	Bite			Bleeding					
Minor Scrape	Bruise	-Mark		Open Wound					
Scratch	Swellir			Bloody Nose					
Painful extremity	7	Head I	<u> </u>		Other:	···.			
Indicate Inju			Parent/Guardian Notified Yes Jo						
		Time Of day	Type of Con (In-person, phone, left message)	ntact	Who did you contact? (parent-guardian- emergency contact)	<b>COACH</b> staff Initials			
//) (\\	$ /   \langle   \rangle $								
$ \langle   \rangle   \rangle$			Minor Fi	not A	id Provided by CYSS				
					ap & Water				
			Applied Band-Aid Cold Pack						
	\()/		Rested						
717	717	Other (describe)							
FRONT	Other (describe)								
Describe in detail whan eeded)	at happened	to the c	hild or you	ith.(u	se back side of form	n if			
Name of CYS COACH	ere there oth	er child	ren or adu	lts in	volved in the incide	ent? If			
		Other R	lesources						
911 Called	Emerger	ncy Roo	m AP	HN	MF	°s			
911 Transported	MAMC		SW	'S	CY	S Nurse			
Safety Office	CYS Bra	anch Ad	ministrato	r	CY	S Chief			
COACH-Staff Signatu			Paren	t/Gu	ardian Signature	& Date			
TEAM NUMBER & AC	iĽ:								
COACH NAME:				irect	or Signature & Da	te			
		JBLM CYS Sports SEP 2021							

Name of Child/You	th Involved:	Age	Date 8	t Tim	e of Incident:				
Location of Incider	I	Program Area:							
Sports	t Facility: Sports Gym		ool Gym		structional				
Field	Bldg. 2295				ass				
Did not occur in	per parei	nt/guardia	n	Learn Cente	er				
	Description of				at apply)				
Minor Cut		Bite			Bleeding				
Minor Scrape	Bruise	-Mark		Open Wound					
Scratch		Swellin	Swelling		Bloody Nose				
Painful extremi	ty	Head I	njury		Other:				
Indicate In	jury		arent/Gua	rdiar	<b>Notified</b> Yes	No 🗌			
		Time Of day	Type of Co (In-person, phone, left message)	ntact	Who did you contact? (parent-guardian- emergency contact)	P COACH staff Initials			
151.121	S  =  S	·	Minor F	iret Ai	d Provided by CYS	2			
						5			
			Cleaned w/Soap & Water Applied Band-Aid						
			Cold Pack						
\}{/	\\!/		Rested						
70	20		Other (describe)						
FRONT									
Describe in detail wl needed) <b>Name of CYS COAC</b>									
YES INOV yes, explain how wit		ther child	dren's nam		volved in the incid	ent? If			
			Resources		<u> </u>				
911 Called		ency Roo		HN	MI				
911 Transported	MAMC					'S Nurse			
Safety Office	CYS Bı	anch Ad	ministrato	r		'S Chief			
COACH-Staff Signat	Paren	t/Gu	ardian Signature	& Date					
TEAM NUMBER & A									
COACH NAME:				Direct	or Signature & Da	ate			
			JBLM CYS Sports SEP 202						

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Name of Child/Youth	Involved:	Age:	Date 8	5 Tim	e of Incident:				
Location of Incident		Program Area:							
Location of IncidentFacility:SportsSports GymFieldBldg. 2295			nool Gym Instructional Class						
Did not occur in C	ber paren								
	scription o								
Minor Cut	Bite			Bleeding					
Minor Scrape		Bruise-Mark		Open Wound					
Scratch		Swelling			Bloody Nose				
Painful extremity		Head In	Head Injury Other:						
Indicate Inju	ry	Pa	Parent/Guardian Notified Yes 🗔 Io 🗌						
		Time Of day	Type of Con (In-person, phone, left message)	ntact	Who did you contact? (parent-guardian- emergency contact)	COACH staff Initials			
61 16	3 16	I	Minor Fi	rst Ai	d Provided by CYSS				
$\Lambda \Lambda /$	$\Lambda \Lambda /$		Cleaned w	v/Soa	ap & Water				
	1 ( )		Applied Band-Aid						
		Cold Pack							
)}{(	)}{(	Rested							
FRONT	BACK	Other (describe)							
	bjective W	ritton D	acrintian	of Tr	aidant				
Describe in detail wha needed)	t happened	to the cl	hild or you	th.(u	se back side of forn	n if			
Name of CYS COACH	ere there ot	ner child	ren or adu	lts in	volved in the incide	ent? If			
		Other R	esources						
911 Called	Emerge	ency Room		HN	MP	°s			
911 Transported	MAMC		SW	'S	CY	S Nurse			
Safety Office	CYS Br	anch Ad	ministrato	r		S Chief			
COACH-Staff Signatu	re & Date		Paren	t/Gu	ardian Signature (	b. Date			
TEAM NUMBER & AG									
COACH NAME:				irect	or Signature & Do	te			
			Director Signature & Date JBLM CYS Sports SEP 2021						