



## REPORTING AN INJURY

Please read carefully

1. As stated, coaches should have copies of PAL injury reports at all games and practices. At the time of the injury a report should be filled out and signed by the coach and parent. If parents are not present then give it to someone who can get it to them. The parent is now responsible for mailing the form into the PAL office immediately, whether they have their own insurance or not. Upon receipt at PAL, a medical claim form and a letter explaining the filing process will be immediately mailed back to the parent.
2. The coach begins the filing process with the injury report form but it is the parent's responsibility to make sure that the filing procedure is followed. Any loss of claim will be the sole responsibility of the parent. Please do not call or send any paperwork to the PAL office.
3. PAL is not an agent of any insurance carrier. These policy procedures are required as outlined by Chartis Accident & Health.



## INJURY REPORT

NAME: \_\_\_\_\_ DATE OF INJURY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE#: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

ORGANIZATION & TEAM NAME: \_\_\_\_\_

BRIEF ACCOUNT OF INJURY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LOCATION INJURY OCCURRED: \_\_\_\_\_ DOCTOR?: Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
PARENT'S SIGNATURE/DATE

\_\_\_\_\_  
COACH'S SIGNATURE/DATE

POLICE OFFICER'S SIGNATURE/DATE \_\_\_\_\_

---

**PROCEDURE:** The above information must be filled out and signed at the event of the injury. The parent must then submit this form to the PAL office immediately. Upon receipt, the PAL office will mail the parent a medical claim form and instructions on how to file. **Keep copies of everything for your records.**

It is the parent's responsibility to file the necessary paperwork for an injured child in a timely manner. Failure to do so may result in delay or denial of claim. All denied claims are the sole responsibility of the parent.

**DO NOT SEND ANY OTHER PAPERWORK EXCEPT THIS FORM TO THE PAL OFFICE.**

**Send to SCPAL, P.O. Box 26, Yaphank, NY 11980**