



Injury Report Form

INSTRUCTIONS: This form is to be completed by the team manager or head coach. Keep in team book for further reference. If player receives a concussion or doctor referral, clearance from doctor is needed to return to play.

Participants Name: _____ Jersey Number: _____

Date of Injury: _____ Time: _____ Quarter (if applicable): _____

Grade: _____ Team: _____ Coach: _____

EVENT (circle): 1. Practice 2. Game 3. Scrimmage

EQUIPMENT (circle): 1. Full 2. Helmet Only 3. None

POSITION (circle): 1. Defensive Line 2. Offensive Line 3. Defensive Backfield
4. Offensive Backfield 5. Other: _____

LOCATION OF INJURY (Indicate if left or right): _____

EVALUATION/ASSESSMENT OF INJURIES (briefly describe the athlete's chief complaint and your suspicions of the nature of the injury): _____

TREATMENT (circle) 1. Ice 2. Compression 3. Observation
4. Returned to Play 5. Request Ambulance 6. Referral to Physician
7. Removed from Play 8. Other: _____

Team Representative: _____
Signature (Team Manager or Head Coach) Date

Doctor's Release Received: _____
(attach to form) Signature (Team Manager or Head Coach) Date