INJURY REPORT

Name of Injured Player: _____ DOB: _____

Injury Date: _____ Time of Injury: _____ Team: _____

Significance of Injury:

☐ Insignificant ☐ Serious ☐ Critical ☐ Life Threatening

Injury Occurred During: ☐ Practice ☐ Scrimmage ☐ Game ☐ Other: _____

Describe Injury:

_____

_____

Was there Loss of Consciousness? ☐ Yes ☐ No If yes, how long: _____

Was EMS called? ☐ Yes ☐ No How long before they arrived? _____

Did participant return to activity? ☐ Yes ☐ No

Describe how the injury was dealt with:

_____

_____

_____

Nature of Injury Report: ☐ Informational only – No action needed

☐ Unknown – Please contact parent for follow-up

When was the parent/guardian contacted? _____

Who contacted parent/guardian: _____

Name of person completing this form: _____

Signature: _____ Date: _____

Head Coach Name (please print): _____

Head Coach Signature: _____