

# Danvers Youth Football Injury Report

Date: \_\_\_\_\_

Team: \_\_\_\_\_

Player's name \_\_\_\_\_

Head Coach: \_\_\_\_\_

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How did the injury occur?

Drill or Exercise:

Equipment failure:

Game simulation:

Game:

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Type of injury?

Concussion

Elbow

Ribs

Head

Wrist

Leg

Neck

Hand

Knee

Shoulder

Back

Foot

Arm

Abdominal

Other

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What happened to cause this injury?

\_\_\_\_\_  
\_\_\_\_\_

Did any medical assistance need to be administered?

\_\_\_\_\_  
\_\_\_\_\_

Did the player miss any games or practices as a result?

\_\_\_\_\_  
\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send the completed form to the league safety officer (Tim Pierce) at [tmp27@aol.com](mailto:tmp27@aol.com).