



INJURY REPORT FORM



Date of Incident

Location

Injured Player Name

Age

Association

Division

Type of Injury

Description of injury or medical problem (use separate sheet, if necessary)

Was care provided not provided refused

Person providing care Position

EMS called Yes No Time called Time arrived

Description of care provided (use separate sheet, if necessary)

Disposition

Remained at field Left for Home Sent to Emergency Center*

*If Doctor's care was provided due to injury, a signed medical release is required prior to returning to play.

Report completed by:

Position:

Date:

Association's League Rep _____
Printed Name Signature

Parent / Legal Guardian _____
Printed Name Signature