



REPORT OF INJURY

Name of Injured Person

Date of Injury

Time of Injury

Association

Football / Cheer

Level of Play _____

Describe Injury:

Were Parents /Guardian Present? ___ Yes ___ No

Were the notified of the injury? ___ Yes ___ No

Was athlete advised to see physician? ___ Yes ___ No

Was athlete sent to a hospital? ___ Yes ___ No

If yes, explain action taken, including names of people and hospital.

If no, explain who took care of the injured athlete and any treatment that was administered.

Use additional sheets if needed.

Action Taken:

Names, Addresses, Phone Numbers of adults who witnessed this event.

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name of Person Completing Report

Your Position