

Player Injury Report Form

*This report must be submitted to the President no later than the day following the injury.
The coach should retain a copy of this report.*

Players Name: _____

Team and Club: _____

Division: _____ Sex: _____

Date of Injury: _____

Date Received by President: _____

Was an ambulance called? _____

Were Parents Notified? _____ Were Parents in Attendance? _____

Did injury occur in: Practice _____ Game _____

Was the player advised to see a physician? Yes _____ No _____

If so, name of physician: _____

If so, name of Hospital: _____

Was the player given a release date by the physician to return to participation?

Yes _____ No _____ Release Date _____

Description of injury and how it occurred: _____

Name of Coach

Signature of Coach Submitting Report

Date