



**INJURY & INCIDENT REPORT FORM**

**INSTRUCTIONS:** This form is to be completed by the Head Coach for any injury that requires referral to a physician or hospital or immediate medical treatment. **This report must be completed and signed by the players Head Coach. This form must be completed and turned in to the Competition Commissioner, Co-Director, or Director within forty eight (48) hours from the time of injury.**

**Players name (print)** \_\_\_\_\_ **Jersey Number** \_\_\_\_\_  
**Date of Injury:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Division** \_\_\_\_\_ **Team:** \_\_\_\_\_

**EVENT:**

Practice  Game  Scrimmage  Other (describe)  Transportation to / from \_\_\_\_\_

**EQUIPMENT IN PLACE AT THE TIME OF INJURY: (CIRCLE APPROPRIATE NUMBER):**

1. Full 2. Helmet Only 3. Helmet and Shoulder Pads 4. None

**POSITION: (CIRCLE APPROPRIATE NUMBER):**

1. Defensive Line 2. Offensive Line 3. Defensive Backfield \_\_\_\_\_  
4. Offensive Backfield \_\_\_\_\_ 5. Other \_\_\_\_\_

**LOCATION OF INJURY: (INDICATE OF LEFT OR RIGHT BY WRITING THE APPROPRIATE NUMBER ON THE LINE):**

Right: \_\_\_\_\_ Left: \_\_\_\_\_

- |          |           |              |                 |
|----------|-----------|--------------|-----------------|
| 1. Head  | 8. Spleen | 15. Hand     | 22. Thigh       |
| 2. Neck  | 9. Pelvis | 16. Wrist    | 23. Hip         |
| 3. Back  | 10. Arm   | 17. Finger   | 24. Collar Bone |
| 4. Ribs  | 11. Leg   | 18. Thumb    | 25. Forearm     |
| 5. Teeth | 12. Foot  | 19. Elbow    | 26. Eye         |
| 6. Mouth | 13. Ankle | 20. Toe      | 27. Kidney      |
| 7. Nose  | 14. Knee  | 21. Shoulder | 28. Genitals    |

Other \_\_\_\_\_

**TYPE OF INJURY: (CIRCLE THE NUMBER OF THE KNOWN OR SUSPECTED NATURE OF INJURY. IN CASE OF MULTIPLE INJURIES, NUMBER THE CIRCLES TO CORRESPOND THE INJURY ON THE PREVIOUS SECTION)**

- |                    |                                    |                     |
|--------------------|------------------------------------|---------------------|
| 1. Fracture        | 4. Bruise / Contusion              | 7. Puncture         |
| 2. Sprain / Strain | 5. Laceration                      | 8. Other (describe) |
| 3. Tear            | 6. Dislocation / Subluxation _____ |                     |

**TREATMENT: (CIRCLE APPROPRIATE NUMBER):**

- |                                       |                                |                            |
|---------------------------------------|--------------------------------|----------------------------|
| 1. Ice                                | 5. Compressions                | 8. Taping / Splinting      |
| 2. Observation                        | 6. Returned to team / game     | 9. Other (describe): _____ |
| 3. Request Ambulance                  | 7. Referral to Physician _____ |                            |
| 4. Transported by other (name): _____ |                                |                            |

**Description: (briefly describe the actions of the athlete, the athlete's chief complaint and your suspicion of the nature of the injury)**

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

Head Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
League Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_