



SCJAAF Injury Incident Report Form

Chapter _____

Date of Incident _____ Site of Incident _____

Injured Player _____ Players DOB _____

Players Division _____ Players Coach _____

Person Attending Player/Providing Care _____ Position _____

Parent Notified Of Incident _____

Incident:

Description of The Injury Or Medical Problem:

Describe Care Provided To Player:

EMS Called: ☐ Yes ☐ No Time EMS Called: _____ Time EMS Arrived: _____

Disposition Of Injured Player:

____ Player Remained At the Field/ Returned To Regular Participation Without Further Need Of Medical Evaluation, Treatment Or Restrictions

____ Parent Advised To Have Player Evaluated By Primary Doctor/ER/Urgent Care For Further Evaluation Due To Severity Of Injury: **(Physicians Note Is Required In Order For Player To Return To Participation)**

____ Physicians Note Excusing Player from Participation For A Period Of Time: **(Physicians Note Is Required In Order For Player To Return To Participation)**

____ Player Ambulated To Emergency Center: **(Physicians Note Is Required In Order For Player to Return To Participation)**

Signature of Person(s) Providing Care

Signature of Team AD

Signature of Parent