

SFL Player Injury Report form

-SFL Division _____ (ie, flag, tackle, and what level)

This report must be submitted to the SFL Player Safety Coach. The coach should retain a copy of this report.

Athlete's Name: _____

Date of Injury: _____

Date received by Director of Athletics: _____

Was ambulance called? _____ Were parents notified? _____

Did injury occur in: Practice _____ Game _____

Was athlete advised to see a physician? Yes _____ No _____

If so: Name of physician: _____

Name of hospital: _____

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

Yes _____ No _____ Release Date _____

Description of injury and how the injury occurred: _____

Signature of Coach Submitting Report