

WARWICK YOUTH FOOTBALL & CHEERLEADING

INJURY REPORT FORM

Player name: _____ Date of injury: _____

Town: _____ Team: _____ Coach: _____

Location where the injury took place: _____

Home field: _____ Away field: _____ Other: _____

Explain: _____

Player taken to doctor or hospital after the injury: Yes: _____ No: _____

Player taken for medical attention by: Parents: _____ Ambulance: _____ Other: _____

Explain: _____

Were parents present when the injury took place: Yes: _____ No: _____

Were parents notified about the injury: Yes: _____ No: _____ Notified by whom:

Was a Warwick Executive Board Member notified: Yes: _____ No: _____ Who: _____

Write a brief description of the injury and what was the player doing at the time of the injury:

Did player have to stop practice or game activity: Yes: _____ No: _____

Did player return to normal practice: Yes: _____ No: _____ If yes, when: _____

If the player was unable to return to normal activity or if the player went to a doctor or hospital after the injury, we will need a doctor's note for player to return.

Date the injury report was submitted to OCYFL: _____

How was report submitted: E-mail _____ Mail _____ Person _____

Who submitted the injury report to OCYFL: _____