



## INJURY REPORT FORM

INSTRUCTIONS: This form is to be completed by the Head Coach, or an assistance Coach if Head Coach was not present, for any injury that removes a player from the playing field for an extended period of time and/or the remainder of the game or practice; Any head injuries (player must be removed for the remainder of the game or practice) and any item that required the contacting of emergency personnel. This form must be completed and turned into the Safety Coordinator for GPYFA within forty eight (48) hours from the time of the injury.

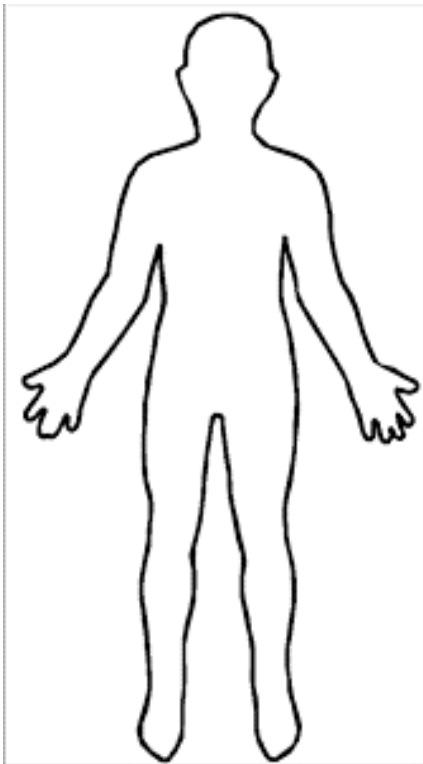
Players Name: \_\_\_\_\_ Date and Time of Injury: \_\_\_\_\_

Coaches Name: \_\_\_\_\_ Team: \_\_\_\_\_

EVENT:

Practice     Game     Scrimmage     Other (explain) \_\_\_\_\_

LOCATION OF INJURY: (INDICATE BY CIRCLING THE AREA OF THE INJURY)



DESCRIPTION: Briefly describe the actions up to the point the player was injured and the actions that were taken by the coaching staff and any others that were involved.

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Coaches Signature: \_\_\_\_\_

COACHES: Parents need to be informed immediately of the athlete's injury. Prior to the athlete resuming practices, there must be a signed medical release made available to the player's coach.