



## INJURY REPORT FORM

Player's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_ Program: \_\_\_\_\_

Description of Incident/ Injury: \_\_\_\_\_

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Was The Player Removed From Activity:    Yes    No

If No, Why: \_\_\_\_\_

Treatment Given: \_\_\_\_\_

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Coach/ Witness Name: \_\_\_\_\_

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I, \_\_\_\_\_, acknowledge that I have received and been informed of a head injury to my son/ daughter on (date) \_\_\_\_\_. I also understand that my son/ daughter will not be allowed to return to play without a note from a Certified Medical Professional that my son/ daughter has completed a graduated Return to Play Protocol of at least seven days.

Sign: \_\_\_\_\_

Date: \_\_\_\_\_