



INJURY REPORT

Player Name: _____

Team: _____

Position: _____

Player Weight: _____

Date of Injury: _____

Type of Injury (please circle):

Concussion

Sprain

Fracture

Other _____

Location of Injury (please circle):

Head	Shoulder	R	L	Hip	R	L	Eyes	R	L
Neck	Arm	R	L	Leg	R	L	Nose		
Ribs	Wrist	R	L	Ankle	R	L	Mouth		
Abdomen	Fingers	R	L	Foot	R	L	Teeth		
Back				Other					

When Did The Injury Occur?

Practice Drills

Scrimmage

Game

Action Taken:

First Aid

ER

Ambulance to ER

Doctor's Appointment

Return to Play:

Game

Yes

No

Date

Practice

Yes

No

Date

Parents Informed

Yes

No

Comments (please use reverse side if additional space is required)