



### 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)**

