



Regina Minor Football 2000 Inc.

INJURY REPORT

Player Name: _____

Team: _____

Position: _____

Player Weight: _____

Date of Injury: _____

Game # _____

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

Knee

R L

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)

Reporting Coach, Manager or EMT