



INJURY & INCIDENT REPORT

INSTRUCTIONS: This form is to be completed by the Head Coach for any injury that requires referral to a physician or hospital or immediate medical treatment. This report must be completed and signed by the players Head Coach. This form must be completed and turned in to the OYF Player Safety Supervisor within forty eight (48) hours from the time of injury.

Player Name: _____ **Date & Time of Incident** _____

Coach _____

Event (circle one) **Practice** **Game** **Other** _____

Mouth Guard in Place: **Yes** **No**

Describe injury: include area and type of injury

On Site

Treatment: _____

Transport: _____

Medical care required: _____

_____ **Date:** _____ _____ **Date:** _____

Head Coach

Player Safety Supervisor