

Injury Report

***Required Information**

*Date of Injury _____ *Time of Injury _____ * Field # _____ *Team #: _____

*Player Name: _____ Age _____ *Male/Female _____

*Body Part Injured:

Part Injured: Head; Trunk; Extremities; Lower Extremities.

Head: Ear; Eye; Face; Head; Neck; Scalp.

Trunk: Abdomen; Back; Chest; Groin; Shoulder; Other: _____

Extremities: Angle; Elbow; Finger; Foot; Hand; Hip; Knee.

Lower Extremities: Lower Arm; Thumb; Toes; Upper Arm; Upper Leg; Wrist.

*Type of Injury:

Abrasion; Bite; Concussion; Lower Cut.

Bruise; Burns; Dislocation; Fracture.

Heat; Laceration; Puncture; Scratch.

Shock; Sprain; Strain.

*Explanation of Accident (Circle item that Applies):

Collision with Person

Collision with Obstacle

Fall

Hit with Object

Injury to Self

Other _____

*Form Submitted by: _____

*Signature: _____

*Team Manager Sign-off: _____

First Aid Given (Circle All)

Applied Dressing

Applied Splint

Ice

Keep Immobile

Stopped Bleeding

Washed Wound

Other _____

Action Taken (Circle All)

Took Home

Took to Doctor

Took to ER

Transfer to Hospital

Called 911

Returned to Sport

Other _____