



REPORT OF INJURY

Name of Injured Person

Date of Injury

Time of Injury

Association

Football / Cheer

Level of Play _____

Describe Injury:

Where Parents /Guardian Present? ____ Yes ____ No

Where the notified of the injury? ____ Yes ____ No

Was athlete advised to see physician? ____ Yes ____ No

Was athlete sent to a hospital? ____ Yes ____ No

If yes, explain action taken, including names of people and hospital.

If no, explain who took care of the injured athlete and any treatment that was administered.

Use additional sheets if needed.

Action Taken:

Names, Addresses, Phone Numbers of adults who witnessed this event.

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name of Person Completing Report

Your Position