

Incident Report

Date/Time of Incident

Location of Incident

Name of player

Team:

Name of Coach

Name of Report Preparer (if not Coach)

1. Injury Description:

a. Cause of injury and description of incident:

b. Location of impact? Front Left Side Right Side Back

2. Additional Questions required to be Answered:

a. Any loss of consciousness (Yes /No /NA)? If so, how long? _____

b. Early Signs: Appears dazed or stunned Is confused about events Answers questions slowly Repeats Questions Forgetful

c. Seizures: No Yes. Details

3. Contact

a. Date and time contacted Parent/Legal Guardian:

b. Date and time contacted Club Administrator:

c. Date and time contacted facility provider:

Signature & printed name of Report Preparer Date

Signature & printed name of Additional Witness Date

COPIES OF REPORT PROVIDED TO:

Player Parent/Guardian Date: _____

Coaching Director Date: _____

Club Administrator Date: _____

CGLA Executive Director: _____