

LLBFL Injury Report

Name of Injured Person _____ DOB: _____

Injury Date _____ Time of Injury: _____

Team: _____ Player Division: _____

Significance of Injury: Circle One of the choices below

Insignificant Serious Critical Life Threatening

Injury Occurred During: Practice Scrimmage Game Other _____

Describe Injury: _____

Was there Loss of Consciousness? Yes No If yes, how long: _____

Was EMS called? Yes or No How long before they arrived? _____

Did participant return to activity? Yes or No

Describe how the injury was dealt with: _____

Nature of Injury Report: Informational only – no action needed

Unknown – Please contact parent for follow up

Action Needed – possible Claim

When was the parent/guardian contacted? _____

Who contacted parent/guardian: _____

Name of person completing this form: _____

Signature: _____ Date: _____

Head Coach Signature: _____