

Injury Reporting Policy & Procedures

Addendum to Mason Youth Football Rules and Regulations

Mason Youth Football has adopted an injury reporting policy and procedure. The policy is intended to promote good practices of health and safety and provide procedures for reporting and tracking injuries.

Overview

The reporting of injuries during practice and games is an important part of MYF's intent to run a football program that emphasizes safety and minimize incidents. Injury reporting allows MYF to analyze injury patterns and to take steps to implement procedures that minimize those incidents in the future. To that end, every injury requiring medical attention beyond first-aid must be reported by the Head Coach to the MYF President and Board within 24 hours of the incident occurring on the proper form as included here. Medical attention is defined as evaluation and treatment by a qualified medical professional resulting in documentation of the injury in the player's medical charts. Understanding some injuries result in medical attention some period after the incident (e.g. twisted ankle that does not show signs of improvement may result in delayed medical attention), reporting should occur within 24 hours of when medical attention is deemed required.

Forms

Attached on the next page, is the formal injury reporting form. This form must be completed by the head coach in its entirety and forwarded to the MYF President & Board within 24 hours of any injury (or within 24 hours of medical attention as outlined above).

Each head coach is also required to maintain a log of all injuries sustained during the season. This list should be kept in the team book and be on-hand and available for any MYF Board Member to review. A suggested form for this log is also attached in this section.

(Revised 2015)

Mason Youth Football Injury Report Form



(please complete all fields)

Today's Date _____ Date of Injury / Illness _____
Time of Injury / Illness _____ am / pm Injured Person _____
Team / Grade _____ Head Coach _____ Phone _____
Date / Time Reported to Coach: _____ Reported By: _____

Location (Describe location: e.g. Corwin Nixon practice field, MI 4/5 Football Field, etc.) _____

Body Part Injured:	<u>HEAD</u>	<u>TRUNK</u>	<u>EXTREMITIES</u>	<u>OTHER</u>
	<input type="checkbox"/> Ear	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Ankle	<input type="checkbox"/> Lower Arm
	<input type="checkbox"/> Eye	<input type="checkbox"/> Back	<input type="checkbox"/> Elbow	<input type="checkbox"/> Lower Leg
	<input type="checkbox"/> Face	<input type="checkbox"/> Chest	<input type="checkbox"/> Finger	<input type="checkbox"/> Thumb
	<input type="checkbox"/> Head	<input type="checkbox"/> Groin	<input type="checkbox"/> Foot	<input type="checkbox"/> Toes
	<input type="checkbox"/> Neck	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Hand	<input type="checkbox"/> Upper Arm
			<input type="checkbox"/> Hip	<input type="checkbox"/> Upper Leg
			<input type="checkbox"/> Knee	<input type="checkbox"/> Wrist

Type of Injury:	<input type="checkbox"/> Abrasion	<input type="checkbox"/> Bite	<input type="checkbox"/> Bruise
	<input type="checkbox"/> Burn	<input type="checkbox"/> Concussion	<input type="checkbox"/> Cut
	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Fracture	<input type="checkbox"/> Heat
	<input type="checkbox"/> Laceration	<input type="checkbox"/> Puncture	<input type="checkbox"/> Strain
	<input type="checkbox"/> Shock	<input type="checkbox"/> Sprain	<input type="checkbox"/> Other _____

Circumstances surrounding the injury/illness (describe in detail what happened before, during, & after the incident)

{Use the back of the page for further explanation if needed}

First Aid Treatment Administered? Yes No

By Whom? _____

Describe the first aid / care given to the injured person _____

Was the person transported to a medical facility? YES NO

If yes, which facility? _____ By whom? _____

Witnesses:

Name

Phone

I declare and affirm under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information and belief.

Head Coach: _____

Signature of person completing form _____ Date _____



Mason Youth Football Injury Reporting Log

TEAM _____ COACH _____

Player Name	Date of Injury	Location	Brief Description (Type – see below)

Please enter the information for each injury event each season. This log should be kept by the head coach and available for MYF Board members to review if requested.

Types of Injuries include: sprain/strain, laceration, concussion, contusion (bruise), broken bone, etc.

(MYF Revised 2015)