



# TACONIC YOUTH FOOTBALL

## Injury Report Form

(Required for Medically Confirmed Injuries)



Players' Name: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Org.: \_\_\_\_\_ Team: \_\_\_\_\_ Coach: \_\_\_\_\_

Location: Where specifically did injury take place? \_\_\_\_\_

Home Field \_\_\_\_\_ Away Field \_\_\_\_\_ Other \_\_\_\_\_

Player Taken to Doctor or Hospital Yes \_\_\_\_\_ No \_\_\_\_\_

Taken for Medical attention by Parents \_\_\_\_\_ Ambulance \_\_\_\_\_ Other \_\_\_\_\_

Where Parents present? Yes \_\_\_\_\_ No \_\_\_\_\_

Where Parents Notified? Yes \_\_\_\_\_ No \_\_\_\_\_ Notified By Whom? \_\_\_\_\_

Was a Local League Board Member Notified? Yes \_\_\_\_\_ No \_\_\_\_\_ Who? \_\_\_\_\_

Write a brief description of the injury, what action was the player doing at the time of the injury.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did the Player have to stop practice or game activity? Yes \_\_\_\_\_ No \_\_\_\_\_

Did Player return to normal practice? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes when? \_\_\_\_\_

**If the Player was unable to return to normal activity & went to doctor/hospital a Resume Pay form is needed to return.**

Date Injury Report was submitted to TYFC \_\_\_\_\_

Who submitted the report to TYFC? \_\_\_\_\_