



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? _____