



INJURY & INCIDENT REPORT FORM

INSTRUCTIONS: This form is to be completed by the Head Coach for any injury that requires referral to a physician or hospital or immediate medical treatment. This report must be completed and signed by the players Head Coach. This form must be completed and turned in to the LJTF Player Safety Coach within forty eight (48) hours from the time of injury.

Player Name: _____ Date and Time of Injury: _____

Coaches Name: _____

EVENT:

Practice Game Scrimmage Other (describe) Transportation to / from

EQUIPMENT IN PLACE AT THE TIME OF INJURY: (CIRCLE APPROPRIATE NUMBER):

1. Full 2. Helmet Only 3. Helmet and Shoulder Pads 4. None

LOCATION OF INJURY: (INDICATE OF LEFT OR RIGHT BY WRITING THE APPROPRIATE NUMBER ON THE LINE):

Right:		Left:	
1. Head	2. Spleen	3. Hand	4. Thigh
5. Neck	6. Pelvis	7. Wrist	8. Hip
9. Back	10. Toe	11. Finger	12. Collar Bone
13. Ribs	14. Leg	15. Thumb	16. Forearm
17. Teeth	18. Foot	19. Elbow	20. Eye
21. Mouth	22. Ankle	23. Arm	24. Kidney
25. Nose	26. Knee	27. Shoulder	28. Genitals

TYPE OF INJURY: (CIRCLE THE NUMBER OF THE KNOWN OR SUSPECTED NATURE OF INJURY. IN CASE OF MULTIPLE INJURIES, NUMBER THE CIRCLES TO CORRESPOND THE INJURY ON THE PREVIOUS SECTION)

Fracture Bruise / Contusion Dislocation / Subluxation Puncture
Laceration Tear Sprain / Strain Other (describe)

TREATMENT: (CIRCLE APPROPRIATE NUMBER):

Ice Observation Request Ambulance Transported By (Name)
Compressions Taping/Splinting Returned to team/game Other

Description: (briefly describe the actions of the athlete, the athlete's chief complaint and your suspicion of the nature of the injury)

Head Coach: _____ Date: _____