

# **FOX VALLEY POP WARNER FOOTBALL, INC.**

## **INJURY REPORT FORM**

Date of Report (mm/dd/yy): \_\_\_\_\_

Coach Submitting Report: \_\_\_\_\_

Coach's Email and Phone: \_\_\_\_\_

Team Name: \_\_\_\_\_

Head Coach's Name: \_\_\_\_\_

Head Coach's Email and Phone: \_\_\_\_\_

Name of Injured Player: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_

Date of Injury (mm/dd/yy): \_\_\_\_\_

Time of Injury: \_\_\_\_\_

Field/Location where injury occurred: \_\_\_\_\_ + \_

Type of Injury: \_\_\_\_\_

Describe how injury occurred: \_\_\_\_\_

\_\_\_\_\_

Was Parent Notified: \_\_\_\_\_

Describe any treatment provided \_\_\_\_\_

Name/Phone of person providing treatment: \_\_\_\_\_

List names and phone numbers of witnesses below.

Witness #1: \_\_\_\_\_

Witness #2: \_\_\_\_\_

Witness #3: \_\_\_\_\_

*Note: A coach should complete this injury report within 3 days of the incident.*

The completed form should be submitted to the Leagues Coaching Committee Chairperson(s) and copied to the League President, Vice President, and Secretary. Head Coaches should keep a copy for their records.