



Special Injury Incident Report

Player's Name and Contact:			
Team Name: _Age Group & Gender: _			
Coach's Name:			
Referee(s):	Opposing Team:	Opposing Team:	
Date of Incident:(d)(m)(yr) where	Time:/ Circle: Indoor/Outdoor;	Blow to head / If Body	
Describe Injury:	/ Circle: Game/ Practice/ Other		
Describe how it happened:			
A	At the scene of the incide	nt	
Step 1: Determine if this is a n	nedical emergency		
a) CALL 911 if the child shows	s any of these Red Flag Symptoms a RED FLAG SYMPTOMS	t any time.	
	RED FLAG 3 I WIF I OWIS		
You see: Repeated vomitingSeizure or convulsion Deteriorating or loss of consciousness	The child complains of: Neck pain Double vision Weakness or tingling/burning in the arms or legs Severe or increasing headache	The child is showing: Unusual behaviorIncreasing confusion or irritability	

- b) If there is serious injury OR any of the Red Flags:
 - Call 911
 - Do not move the child
 - Stay with the injured child and monitor them until Emergency Services arrives