

Incident Report Form

All reportable incidents to be filled out by a West Hartford Youth Football (WHYFL) Representative (i.e. Head Coach, Assistant Coach, Board Member) or the On-Site Athletic Trainer.

A REPORTABLE INCIDENT IS ANY ACCIDENT OR INCIDENT THAT REQUIRES MEDICAL ATTENTION OR REQUIRES THAT A PLAYER BE REMOVED FROM PLAY OR FROM AN ORGANIZED PRACTICE. MEDICAL ATTENTION MAY INCLUDE BUT IS NOT LIMITED TO SUSPECTED HEAD TRAUMA, A LACERATION, A SPRAIN OR A BROKEN BONE. AN INJURY THAT MAY REQUIRE A COLD PACK OR A BAND-AID BUT IS NOT CONSIDERED SEVERE IS NOT NECESSARILY REPORTABLE. IF UNSURE IF AN INCIDENT IS CONSIDERED REPORTABLE, PLEASE FILL OUT THE FORM.

Name of Injured Person: _____

Date of Incident: _____ **Time of Incident:** _____

Location of Incident: _____

Contact Information of Injured Person (phone/email):

Team (if applicable): _____

Coach Name : _____ **Coach Phone:** _____

Injured Person is: ___ Player ___ Coach ___ Spectator

Other Witnesses to Injury (name and phone):

On-Site Trainer (name and phone) (if incident during a WHYFL game):

Injury Occurred During: ___ Practice ___ Scrimmage ___ Game ___ Other

Describe injury and circumstances which led to injury:

Submit this form to Tim Reck within 48 hours of the incident. Please take photo/scan and send to timothy.reck@gmail.com or (860)227-4245

Was there Loss of Consciousness? ___ Yes ___ No If so, how long? _____ min.

Was EMS called? ___ Yes ___ No If so, how long before they arrived? _____ min.

Did participant return to activity? ___ Yes ___ No How long were they out? _____ min.

Was parent/guardian instructed to take the participant to the hospital? ___ Yes ___ No

Was the parent/guardian contacted regarding the injury? ___ Yes ___ No

Parent/guardian contact information: _____

Who contacted the parent/guardian? _____

Describe how the injury was dealt with (Action taken):

NAME AND PHONE OF PERSON COMPLETING THIS FORM:

SIGNATURE OF PERSON COMPLETING THIS FORM:

DATE _____

SIGNATURE OF HEAD COACH:

DATE _____

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