



INJURY REPORT FORM

INYFC Association: _____ Team: _____

Date of Report: _____ Date Coach informed of injury: _____

Name of injured player: _____ Date of Birth: _____

Team Head Coach: _____ Report Completed by: _____

Date of injury: _____ Time of injury: _____

Field where injury occurred: _____

Exact location of accident: _____

Witnesses: _____

Treatment: _____

Lost practices? Yes No

If Yes, How many? _____

Nature of injury

- Cut/Bruise Fracture Heat Exhaustion Contusion Abrasion
- Insect Bite Sprain/Strain Dislocation Concussion Irritation
- Other (explain): _____

Body Part

- Head Scalp/Skull Eye Ear Nose
- Face Mouth/Teeth Jaw Neck Shoulder
- Upper Arm Elbow Forearm Wrist Finger/Thumb
- Back Chest Abdomen Groin Hip
- Thigh Knee Lower Leg Ankle Foot
- Other (explain): _____