

SACRAMENTO YOUTH FOOTBALL

FOOTBALL AND CHEER INJURY & INCIDENT REPORT FORM

INSTRUCTIONS: This form shall be completed by the Head Coach (football or cheer) for any injury or incident which may require referral to a physician or hospital for medical treatment. This form must be completed and turned in to the [_____] and/or [_____], email to SYF Commissioner Jay at jay@shrinegame.com (also email the medical release to above and Jay before athlete begins a Return to Play Protocol).

Athlete's Name (print) _____ Jersey Number _____
Date of Injury: _____ Time: _____ Division _____ Team: _____
EVENT: Practice Game Scrimmage Other (describe)

EQUIPMENT IN PLACE AT THE TIME OF INJURY: [Circle Appropriate Number(s)]:

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

POSITION: [Circle Appropriate Number(s)]:

1. Defensive Line 2. Defensive Backfield 3. Offensive Line 4. Offensive Backfield/WO
5. Cheer/ Other _____

LOCATION OF INJURY: [Indicate Left and/or Right by writing the number(s) on the line]:

Right: _____ Left: _____

- | | | | |
|-----------------|-----------|------------|-----------------|
| 1. Head | 8. Eye | 15. Hand | 22. Thigh |
| 2. Neck | 9. Pelvis | 16. Wrist | 23. Hip |
| 3. Shoulder | 10. Arm | 17. Finger | 24. Collar Bone |
| 4. Ribs | 11. Leg | 18. Thumb | 25. Forearm |
| 5. Teeth | 12. Foot | 19. Elbow | 26. Spleen |
| 6. Mouth | 13. Ankle | 20. Toe | 27. Kidney |
| 7. Nose | 14. Knee | 21. Back | 28. Genitals |
| 29. Other _____ | | | |

TYPE OF INJURY: [Circle the Number(s) of the known or suspected nature of injury/incident.

If multiple injuries or incidents, Circle to correspond to the injury from the previous section]:

- | | | |
|---------------------------|------------------------------|--------------------------|
| 1. Fracture | 4. Bruise / Contusion | 7. Puncture |
| 2. Sprain / Strain | 5. Laceration | 8. Symptom of Concussion |
| 3. Tear | 6. Dislocation / Subluxation | |
| 9. Other (Describe) _____ | | |

TREATMENT PROVIDED: [Circle Appropriate Number(s)]:

- | | | |
|---------------------------------------|---------------------|--------------------------------|
| 1 Ice | 4. Compressions | 6. Taping / Splinting |
| 2. Observation | 5. Returned to Game | 7. Referred to Physician _____ |
| 3. Request Ambulance/ EMT | 8. Other _____ | |
| 9. Transported by other (name): _____ | | |

Description: (Briefly describe the actions of the athlete, the athlete's chief complaint or issue, and your suspicion of the nature of the injury, or attach additional pages): _____

Head Coach Signature: _____ Date: _____

Board Representative Signature: _____ Date: _____