

# 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](mailto: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: \_\_\_\_\_