

YOUTH FOOTBALL & CHEER INCIDENT / INJURY TRACKING REPORT

ATHLETE INFORMATION

Field Name/Location: _____

Incident Date: _____

Incident Time: _____

Athlete Name: _____

Date of Birth: _____

Age: _____

Sex: Male Female _____

Address: _____

City: _____

State: _____

ZIP: _____

Home Phone: _____

Cell Phone: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

SPORT AND DIVISION

Sport: Tackle Football Flag Football Cheerleading

Division: 6U 7U 8U 9U 10U 11U 12U 13U 14U

Tiny Mites Jr. PeeWee JV Dance PeeWee

Role: Player Cheerleader Coach Volunteer Other: _____

EVENT TYPE

Practice Game Conditioning Camp Tournament

Travel To Event Travel From Event Other: _____

INCIDENT INFORMATION

Incident Description:

Body Part Injured: _____

Suspected Injury Type: Concussion Sprain Fracture Heat Illness Other:

MEDICAL RESPONSE

Was First Aid Provided? Yes No

If Yes, Describe:

Was EMS Called? Yes No

Was Athlete Transported? Ambulance Parent Other: _____

Was Professional Medical Treatment Required? Yes No

Medical Facility Name: _____

(If yes, athlete must provide medical clearance before returning to participation.)

WITNESS INFORMATION

Witness Name: _____

Witness Phone: _____

REPORTING INFORMATION

Reported By: _____

Role (Coach, Board Member, Official, etc.): _____

Signature: _____

Date: _____