**INITIAL INJURY REPORT**

**THIS REPORT IS TO BE USED ANY TIME A FOOTBALL PLAYER OR SPIRIT PARTICIPANT**

**IS REMOVED FROM A PRACTICE OR A GAME DUE TO AN INJURY OR ILLNESS.**

Association:

Participant Name:

Division of Play: Football or Spirit:

Date of Injury:

**Type of injury or illness (circle):** Bruise Abrasion Bee sting Sprain Fracture Concussion

Other:

|  |  |  |  |
| --- | --- | --- | --- |
| **Area of injury (circle):** | Shoulder  Arm  Wrist  Hand/Fingers  Eyes  Hip  Leg  Ankle  Foot | R L  R L  R L  R L  R L  R L  R L  R L  R L | Head  Neck  Ribs  Stomach  Back  Nose  Mouth  Teeth |

Other (please specify):

**When did injury occur? (circle):** Practice Scrimmage Game Spirit Competition

Punt Kickoff Other:

**Other Information:** Taken to hospital? Y N If yes, transported by ambulance? Y N

First Aid administered? Y N Player Return to Practice/Game? Y N

**OTHER COMMENTS/DETAILS:**

Date Submitted: Submitted by: (Please Print)

Circle: Coach Commissioner

**GAME INJURY REPORTS**: Mail **with the Game Report** to the League Commissioner

**PRACTICE/OTHER INJURY REPORTS**: Mail to: CDPW, P.O. Box 212, Delmar, NY 12054

*I acknowledge that I have received a business card and/or Claim form for CDPW Insurance.*

Parent / Guardian Signature: Date: