**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):** | ShoulderArmWristHand/FingersEyesHipLegAnkle Foot | R LR LR LR LR LR LR LR LR L | HeadNeckRibsStomachBackNoseMouthTeeth |

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: