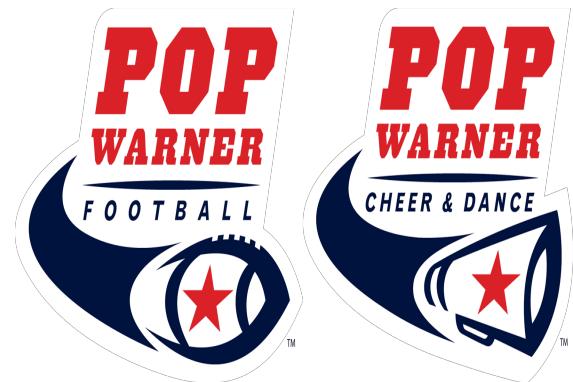


CAPITAL DISTRICT INJURY REPORT

Instructions: The head coach or their designee shall submit a report for any injury that occurs during a Pop Warner event which requires medical attention or for which they know a person has seen a medical professional. Complete as thoroughly as possible and email to [LEAGUE COMMISSIONER](#) within 24 hours of the injury occurring or of knowing that an injury has occurred.

CIRCLE ONE
LEVEL _____ FLAG TACKLE CHEER

Team _____



Injured Person: Player Coach Official Spectator

Name	Address	Phone	Email

Facility Where Injury Occurred	Activity (Practice/Game/Scrimmage)	Date	Time

Reporting Party	Name	Phone	Email
Witness	IF NEEDED		
Witness	IF NEEDED		
Witness	IF NEEDED		

Incident Occurrence: Collision with person Collision with obstacle Fall

Area on body of injury _____

Hit with object Injury to self Other

Injury Type: Abrasion Concussion Cut Dislocation Fracture

Heat Laceration Puncture Sprain Strain

Taken to hospital? YES NO

Transported by ambulance? YES NO

Player return to practice/ game? YES NO

Description of Injury: Please describe how the injury happened.

Date _____ Signature _____ Organization Role _____