

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 COMMISSONER](#) within 24 hours of the injury occurring or of knowing that an injury has occurred.**

CIRCLE ONE

LEVEL _____ FLAG TACKLE CHEER

Team	
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Injured Person: ☐ Player ☐ Coach ☐ Official ☐ Spectator

<i>Name</i>		<i>Address</i>		<i>Phone</i>		<i>Email</i>		
<i>Facility Where Injury Occurred</i>			<i>Activity (Practice/Game/Scrimmage)</i>		<i>Date</i>		<i>Time</i>	
		<i>Name</i>		<i>Phone</i>		<i>Email</i>		
<i>Reporting Party</i>								
<i>Witness</i>		IF NEEDED						
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Incident Occurrence: ☐ Collision with person ☐ Collision with obstacle ☐ Fall

☐ Hit with object ☐ Injury to self ☐ Other

Injury Type: ☐ Abrasion ☐ Concussion ☐ Cut ☐ Dislocation ☐ Fracture

☐ Heat ☐ Laceration ☐ Puncture ☐ Sprain ☐ Strain

Area on body of injury _____

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.

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Date _____ Signature _____ Organization Role _____