



# TEWKSBURY

YOUTH FOOTBALL

## INJURY REPORT

Date of Injury: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Player name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Town: \_\_\_\_\_ Team: \_\_\_\_\_

Coach: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Location where the injury took place: \_\_\_\_\_

Home field:  Away Field:  Other: \_\_\_\_\_

Explain: \_\_\_\_\_

Player taken to doctor or hospital after the injury: Yes:  No:

Player taken for medical attention by: Parents:  Ambulance:  Other: \_\_\_\_\_

Explain: \_\_\_\_\_

Were parents present when the injury took place: Yes:  No:

Were parents notified about the injury: Yes:  No:  Notified by whom: \_\_\_\_\_

Write a brief description of the injury and what was the player doing at the time of the injury:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did player have to stop practice or game activity: Yes:  No:

Did player return to normal practice: Yes:  No:  If yes, when: \_\_\_\_\_

How was report submitted: E-mail  Mail  Person

Information of Coach or TYF Member who completed this form:

\_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_