

THUMB AREA FOOTBALL LEAGUE

Incident Injury Report

Form must be turned in to Community Safety Director

Injured Player Information

Injured Name _____ Date of Injury _____ Time _____

Date Injury was reported _____ Reported to whom: _____

Injured Team Name _____

Age Group _____ Parent or Guardian _____

List Witnesses _____

Location of Accident _____

What is the Injury? _____

How did Injury occur? _____

Coaches Section:

Was injured player sent for medical treatment? Yes or No (circle one)

Was Parents given Medical Claim form to file claim? Yes or No (circle one)

If No please explain why _____

Coaches Comments and Explanation of Injury.

Coaches Signature: _____ Date _____

Form **MUST** be given to the Community Safety Director and the Safety Director will provide this copy to the Thumb Area Football and Cheerleading League Safety Director.