



## Player Injury Report

Please keep a copy of this report for follow-up purposes.  
In the event of an insurance claim or litigation, this form may be required.

Name of Player: \_\_\_\_\_

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

Coach in Attendance: \_\_\_\_\_

### Description of Injury:

---

---

---

Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Location and Circumstances of Injury

---

---

---

### Treatment Provided (Ice, compression, elevation, ambulance, physio, surgery, etc.)

---

---

---

---

### Family member contacted regarding the injury

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Other Notes

---

---